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MISSOURI



SALUS POPULI SUPREMA LEX ESTO
"The welfare of the people shall be the supreme law"

REGISTER

Denny Hoskins

Secretary of State

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	<i>Code of</i>	10-	4	115
Department	<i>State</i>	Agency	General area	Specific area
	<i>Regulations</i>	division	regulated	regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and Register on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

EXECUTIVE ORDER 26-07

WHEREAS, severe storm systems impacted the State of Missouri starting on March 14, 2025, resulting in damages associated with tornadoes, straight line winds, large hail, fires, heavy rains, flooding, flash flooding, and riverine flooding, resulting in loss of life as well as damage to homes, businesses, public infrastructure, and electrical transmission lines across the state; and

WHEREAS, a State of Emergency was declared on March 14, 2025, pursuant to Executive Order 25-19; and

WHEREAS, the Director of the Department of Natural Resources was temporarily granted authority to waive statutory and administrative rules or regulations to serve the interests of public safety during the period of the Emergency, pursuant to Executive Order 25-20; and

WHEREAS, Executive Orders 25-19 and 25-20 were extended by Executive Order 25-22; and

WHEREAS, Executive Order 25-22 was extended by Executive Order 25-23; and

WHEREAS, Executive Order 25-23 was extended by Executive Order 25-27; and

WHEREAS, portions of Executive Order 25-27 were extended by Executive Order 25-28; which will expire on October 31, 2025; and

WHEREAS, Executive Order 25-28 was extended by Executive Order 25-31; and

WHEREAS, Executive Order 25-31 was extended by Executive Order 25-38; and

WHEREAS, Executive Order 25-38 was extended by Executive Order 26-06; and

WHEREAS, the impacts from these severe storm systems continue to cause ongoing conditions of distress and hazard to the safety, welfare, and property of the citizens of Missouri beyond the capabilities of local jurisdictions and other established agencies; and

WHEREAS, the State of Missouri will continue to be proactive where the health and safety of the citizens of Missouri are concerned; and

WHEREAS, the resources of the State of Missouri have been needed and will continue to be needed to assist affected jurisdictions and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

WHEREAS, continuation of the provisions of sections 44.100 and 44.110, RSMo, is required to ensure the protection of the safety and welfare of the people of Missouri.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, including Chapter 44 RSMo, do hereby extend Executive Order 26-06:

This Order shall terminate on March 31, 2026, unless extended in whole or in part.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 27th day of February, 2026.


MIKE KEHOE
GOVERNOR

ATTEST:


DENNY HOSKINS
SECRETARY OF STATE

The text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

TITLE 3 – DEPARTMENT OF CONSERVATION Division 10 – Conservation Commission Chapter 12 – Wildlife Code: Special Regulations for Areas Owned by Other Entities

PROPOSED AMENDMENT

3 CSR 10-12.110 Use of Boats and Motors. The commission proposes to remove subsection (2)(N), add subsection (4)(D), and re-letter subsequent subsections of this rule.

PURPOSE: This amendment allows boats without motors on Jefferson City (McKay Park Lake).

(2) Boats are prohibited on the following areas:

[(N)] Jefferson City (McKay Park Lake);

[(O)](N) Jennings (Koenenman Park Lake);

[(P)](O) Kearney (Jesse James Park Lake);

[(Q)](P) Kirksville (Spur Pond);
[(R)](Q) Kirkwood (Walker Lake);
[(S)](R) Liberty (Capitol Federal® Sports Complex Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8);
[(T)](S) Marshall (Lake Minesa);
[(U)](T) Mexico (Kiwanis Lake);
[(V)](U) Mineral Area College (Quarry Pond);
[(W)](V) Moberly (Beuth Park Lake);
[(X)](W) Osage Beach (Osage Beach City Park Lake);
[(Y)](X) Overland (Wild Acres Park Lake);
[(Z)](Y) Pleasant Hill (Porter Park Lake);
[(AA)](Z) Potosi (Roger Bilderback Lake);
[(BB)](AA) Raymore (Johnston Lake);
[(CC)](BB) Rolla (Schuman Park Lake);
[(DD)](CC) St. Ann (Gendron Lake);
[(EE)](DD) St. Charles (Fountain Lakes Pond, Kluesner Lake, Moore Lake, Skate Park Lake);
[(FF)](EE) St. James (Scioto Lake);
[(GG)](FF) St. Joseph (Corby Pond, Krug Park Lagoon);
[(HH)](GG) St. Louis (Benton Park Lake, Boathouse Lake, Fairgrounds Park Lake, Horseshoe Lake, Hyde Park Lake, Jefferson Lake, Lafayette Park Lake, North Riverfront Park Lake, O'Fallon Park Lake, North Lake, South Lake);
[(II)](HH) St. Louis County (Bee Tree Park Lake, Blackjack Lake, Carp Lake, Fountain Lake, Island Lake, Jarville Lake, Tilles Park Lake);
[(JJ)](II) Sedalia (Liberty Park Pond);
[(KK)](JJ) Taos (Countryside Park Lake);
[(LL)](KK) Tipton (Tipton Park Lake);
[(MM)](LL) Union (Union City Lake);
[(NN)](MM) Watershed Committee of the Ozarks (Valley Water Mill Lake); and
[(OO)](NN) Wentzville (Community Club Lake, Heartland Lake).

(4) Only boats without motors may be used on the following areas:

(D) Jefferson City (McKay Park Lake);

[(D)](E) Raymore (Recreation Park Pond); and

[(E)](F) Sedalia (Clover Dell Park Lake).

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const., and section 252.040, RSMo 2016. This rule previously filed as 3 CSR 10-4.116. Original rule filed April 30, 2001, effective Sept. 30, 2001. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 20, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at <https://short.mdc.mo.gov/Z49>. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division

Chapter 4 – Conditions of Participant Participation, Rights, and Responsibilities

PROPOSED AMENDMENT

13 CSR 70-4.120 Department is the Payer of Last Resort, Department's Claim for Recovery, Participant's Duty of Cooperation. The division is amending sections (1) and (2).

PURPOSE: This amendment makes changes based on new federal Medicaid third-party liability requirements as found in the Consolidated Appropriations Act, H.R. 2471, 2022, 117th Congress (Public Law No. 117-103), section 202.

(1) Definitions. The following definitions shall apply for purposes of this regulation.

(D) "Health benefit plan" means a policy, contract, certificate, or agreement entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, except that health benefit plan shall not include any coverage pursuant to liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy.

(E) "Health carrier" means an entity subject to the insurance laws and regulations of this state that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, a nonprofit hospital and health service corporation, or any other entity providing a plan of health insurance, health benefits, or health services, except that such plan shall not include any coverage pursuant to a liability insurance policy, workers' compensation insurance policy, or medical payments insurance issued as a supplement to a liability policy.

[(D)](F) "Identify" shall mean providing complete names, addresses, telephone numbers, and other relevant contact and location information of all potentially liable third parties, their attorneys, agents, and insurers.

[(E)](G) "Liable third party" includes any person, corporation, or institution, any employer as defined under Missouri's workers' compensation laws, and any public agency or private agency[,] who is liable, either pursuant to contract or otherwise, to an individual receiving public assistance on account of personal injury, disease, or disability or benefits arising from a health insurance plan to which the individual may be entitled.

[(F)](H) "Medical expense" and "medical expenses" are the cost of items and services provided under the Missouri State Medicaid Plan by the division on behalf of a participant which are related to the participant's claim against a liable third party, expressly excluding payments to vendors.

[(G)](I) "Medical treatment" means medical treatment rendered to a participant related to the participant's claim against a liable or potentially liable third party or insurer.

[(H)](J) "Notify" shall mean a written communication to the division of all relevant facts and information known which may be delivered to the division by United States Postal Service, facsimile transmission, or email.

1. In any case where written communication by a participant not represented by an attorney or other legal representative is not possible or is not reasonable due to disability requiring accommodation, the participant may substitute oral communication to the division either in person or by telephonic communication. The division shall provide

the participant with written confirmation of the substitute oral communication and detail its contents.

2. Communication to the division from a licensed attorney or legal representative of a participant shall be in writing, or if done orally be followed up by written confirmation of that communication and its detailed contents.

[(I)](K) "Participant" is an individual who applies for, is determined eligible for, and receives MO HealthNet benefits provided under sections 208.151 to 208.158 or section 208.204, RSMo.

[(J)](L) "Person" is any human being or other entity legally recognized as a person under Missouri law, including but not limited to[,] a corporation, cooperative, partnership, limited liability company, sole proprietorship, mutual insurer, and governmental entity or sub[]-division.

[(K)](M) "Timely" shall mean within a reasonable time, however –

1. In no case shall notification to the division occur later than ten (10) business days from the date of discovery or knowledge of the act or information to be disclosed by the participant to the division; and

2. In no case shall notification to the division occur less than thirty (30) days prior to an anticipated or potential settlement, compromise, judgment, award, or agreement regarding a participant's claim against a liable third party or potentially liable insurer.

(2) Payer of last resort. The MO HealthNet Division is the payer of last resort of medical assistance benefits to be paid on behalf of a participant, unless otherwise specified by law.

(A) Liable third parties shall meet their legal obligation to pay claims on behalf of a participant before the division pays for a participant's medical assistance benefits related to the participant's claim against the liable third party. **Any health benefit plan, third-party administrator, administrative service organization, and pharmacy benefits manager shall process and pay all properly submitted medical assistance subrogation claims or MO HealthNet subrogation claims using standard electronic transactions or paper claim forms.**

1. For a period of three (3) years from the date services were provided or rendered; however, an entity –

A. Shall respond to any inquiry by the state regarding a claim for payment for any health care item or service not later than sixty (60) days after receiving any such inquiry;

B. Shall not be required to reimburse for items or services which are not covered under MO HealthNet;

C. Shall not deny a claim submitted by the state solely on the basis of the date of submission of the claim, the type or format of the claim form, failure to present proper documentation of coverage at the point of sale, or failure to provide prior authorization for the item or service for which the claim is being submitted, except that such shall not apply to the original Medicare fee-for-service program under parts A and B of subchapter XVIII of 42 U.S.C Chapter 7, a Medicare Advantage plan offered by a Medicare Advantage organization under part C of such subchapter, a reasonable cost reimbursement plan under 42 U.S.C. 1395mm, a health care prepayment plan under 42 U.S.C. 1395l, or a prescription drug plan (PDP) offered by a PDP sponsor under part D of subchapter XVIII of 42 U.S.C. Chapter 7 with regards to prior authorizations;

D. Shall not be required to reimburse for items or services for which a claim was previously submitted to the health benefit plan, third-party administrator, administrative service organization, or pharmacy benefits

manager by the health care provider or the participant and the claim was properly denied by the health benefit plan, third-party administrator, administrative service organization, or pharmacy benefits manager for procedural reasons, except for timely filing, type or format of the claim form, failure to present proper documentation of coverage at the point of sale, or failure to obtain prior authorization;

E. Shall accept authorization provided by the state that the item or service is covered under the state plan (or waiver of such plan) for such individual, as if such authorization were the prior authorization made by the third-party for such item or service, except that such shall not apply to the original Medicare fee-for-service program under parts A and B of subchapter XVIII of 42 U.S.C Chapter 7, a Medicare Advantage plan offered by a Medicare Advantage organization under part C of such subchapter, a reasonable cost reimbursement plan under 42 U.S.C. 1395mm, a health care prepayment plan under 42 U.S.C. 1395l, or a prescription drug plan offered by a PDP sponsor under part D of subchapter XVIII of 42 U.S.C. Chapter 7;

F. Shall not be required to reimburse for items or services which are not covered under or were not covered under the plan offered by the entity against which a claim for subrogation has been filed; and

G. Shall reimburse for items or services to the same extent that the entity would have been liable as if it had been properly billed at the point of sale, and the amount due is limited to what the entity would have paid as if it had been properly billed at the point of sale.

2. If any action by the state to enforce its rights with respect to such claim is commenced within six (6) years of the state's submission of such claim.

AUTHORITY: sections 208.201, 208.215, and 660.017, RSMo 2016. Original rule filed Sept. 26, 2013, effective March 30, 2014. Amended: Filed Jan. 10, 2022, effective July 30, 2022. Amended: Filed April 17, 2023, effective Nov. 30, 2023. Amended: Filed Feb. 26, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division—Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology. The division is amending sections (1)–(5), deleting sections (6)–(12) and (16), and renumbering sections (13)–(15).

PURPOSE: This proposed amendment adds the All-Patient Refined Diagnosis Related Group (APR-DRG) payment methodology, updates the per diem payment methodology, adds and updates some definitions, and removes the supplemental payments.

(1) General Reimbursement Principles.

(B) The Title XIX reimbursement for hospitals, excluding those located outside Missouri, shall include the payments as outlined below. Reimbursement shall be subject to availability of federal financial participation (FFP).

1. Inpatient [*Per Diem*] reimbursement [*is*] methodologies are established in accordance with sections (4), [*and*] (5), and (6).

2. Outpatient reimbursement is established in accordance with 13 CSR 70-15.160.

[3. Acuity adjustment payment (AAP) is established in accordance with section (6).

4. Poison control (PC) payment is established in accordance with section (7).

5. Stop loss payment (SLP) is established in accordance with section (8).]

3. Supplemental payments, graduate medical education (GME) payments, and psych adjustment payments are established in accordance with 13 CSR 70-15.015.

[6.]4. Disproportionate share hospital (DSH) payment is established in accordance with 13 CSR 70-15.220.

[7. Graduate medical education (GME) payment is established in accordance with section (9).]

[8.]5. Upper payment limit (UPL) payment is established in accordance with 13 CSR 70-15.230.

[9. Children's outlier (CO) payment is established in accordance with section (10).

10. Psych adjustment (PA) payment is established in accordance with section (11).]

(2) Definitions.

[(D) Case mix index (CMI). The hospital CMI for the AAP is determined based on the hospital's MO HealthNet inpatient claims and 3M™ All-Patient Refined Diagnosis Related Groups (APR-DRG) software, a grouping algorithm to categorize inpatient discharges with similar treatment characteristics requiring similar hospital resources.

1. For State Fiscal Year (SFY) 2023, each hospital's CMI was calculated as follows:

A. A dataset of complete inpatient stays was established using MO HealthNet fee-for-service claims and managed care encounters combined for calendar years 2019 and 2020. A two-(2-) year dataset was used to account for the potential impact of changes to hospital utilization, costs, and mix of patients due to the COVID-19 public health emergency;

B. Interim claims where multiple claims cover a single inpatient stay were combined into single claims covering the complete inpatient stay;

C. The 3M™ APR-DRG grouping software was applied to the inpatient dataset, using version 38 of the grouper. Each inpatient stay was assigned to a single DRG and severity of illness level. Each APR-DRG is associated with a relative weight reflecting the relative amount of resources required to care for similar stays, compared to an average inpatient stay. APR-DRG weights are provided by 3M™ and are calculated based on a national all-payer population;

D. The national weights were recentered to reflect the average resource requirements within the MO HealthNet population, including both fee-for-service and managed care encounter inpatient stays. Recentered weights are calculated

by dividing the APR-DRG national weights by the average case mix for all hospitals. The average case mix is calculated as the sum of the national weights for each inpatient stay divided by the number of stays for all hospitals;

E. A hospital-specific CMI is calculated by summing the MO HealthNet recentered weights for each inpatient stay and dividing the total by the number of inpatient stays for the hospital.

2. For SFY 2024 and forward, the basis of the case mix index will be determined by the division based on combined inpatient stays from the second and third prior calendar years, the current version of the 3M™ APR-DRG grouper, relative weights appropriate for the MO HealthNet population, and the SFY in which an AAP is being calculated.]

[(E)](D) Charity care. Results from a provider's policy to provide health care services free of charge or a reduction in charges because of the indigence or medical indigence of the patient.

[(F)](E) Contractual allowances. Difference between established rates for covered services and the amount paid by third-party payers under contractual agreements.

[(G)](F) Cost report. A cost report details, for purposes of both Medicare and MO HealthNet reimbursement, the cost of rendering covered services for the fiscal reporting period. The Medicare/Medicaid Uniform Cost Report contains the forms utilized in filing the cost report. The Medicare/Medicaid Cost Report version 2552-10 (CMS 2552-10) shall be used for fiscal years beginning on and after May 1, 2010.

[(H)](G) Division. Unless otherwise designated, division refers to the MO HealthNet Division (MHD), a division of the Department of Social Services charged with the administration of the MO HealthNet program.

(H) **Diagnosis Related Group (DRG) relative weight.** A numerical value that reflects the relative resource intensity or costliness of treating patients within a specific DRG compared to the average inpatient case.

(O) Incorporation by reference. This rule incorporates by reference the following:

1. The *Hospital Manual [is incorporated by reference and made a part of this rule]* as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, [at its website at <https://mydss.mo.gov/media/pdf/hospital-manual>, June 27, 2024] July 1, 2025. This rule does not incorporate any subsequent amendments or additions;

2. Chapter 40 of *The Provider Reimbursement Manual* – Part 2, that includes the CMS 2552-10 cost report form and instructions, [which is incorporated by reference and made a part of this rule] as published by the Centers for Medicare & Medicaid Services (CMS) [at its website <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935>], 7500 Security Boulevard, Baltimore, MD 21244, February 21, 2024. This rule does not incorporate any subsequent amendments or additions; [and]

3. 42 CFR Chapter IV, Part 413, [which is incorporated by reference and made a part of this rule] as published by the [U.S. Government Publishing Office and available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-413?toc=1>, June 8, 2022] Office of the Federal Register, 800 North Capitol St. NW, Suite 700, Washington, DC 20408, October 1, 2024. This rule does not incorporate any subsequent amendments or additions. Only the cost principles from 42 CFR 413 are incorporated by reference;

4. The Missouri Inpatient (IP) APR-DRG Calculator as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City,

MO 65109, July 1, 2025. This rule does not incorporate any subsequent amendments or additions;

5. The Medicare Inpatient Prospective Payment System (IPPS) FY 2025 Table 2 Case-Mix Index and Wage Index Table by CMS Certification Number (CCN) as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, October 2, 2024. This rule does not incorporate any subsequent amendments or additions; and

6. The Medicare IPPS FY 2025 Table 3 Wage Index Table by CBSA as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, October 2, 2024. This rule does not incorporate any subsequent amendments or additions.

(4) Inpatient Per Diem Reimbursement [Rate Computation] Methodology. Effective for admit dates [of service] beginning July 1, [2022 each] 2025, the Missouri hospitals listed in subsection (4)(A) will continue to be reimbursed under the inpatient per diem reimbursement methodology and shall receive a Missouri Medicaid per diem rate [based on the following computation:] as calculated in subsection (4)(B).

(A) The following hospitals will continue to be reimbursed under the inpatient per diem reimbursement methodology:

1. In-state specialty pediatric hospitals;
2. In-state pediatric hospitals that are licensed for fewer than fifteen (15) beds and specialized in pediatric orthopedic care;
3. In-state free-standing psychiatric hospitals;
4. In-state free-standing rehabilitation hospitals;
5. In-state free-standing long-term acute care (LTAC) hospitals; and
6. In-state hospitals enrolled in Medicaid on or after January 1, 2025, that have eighty percent (80%) or greater patient mix in mental health and substance abuse.

[(A)](B) The per diem shall be determined from the base year cost report in accordance with the following formula:

$$\text{PER DIEM} = ((\text{TAC} / \text{MPD}) * \text{TI}) + \text{MIP FRA}$$

1. MIP FRA – Medicaid inpatient share of Federal Reimbursement Allowance (FRA). The Medicaid inpatient share of the FRA [A]assessment will be calculated by dividing the hospital's Medicaid fee-for-service (FFS) and managed care (MC) inpatient days from the base year cost report by total hospital inpatient days from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the inpatient FRA assessment for the current SFY to arrive at the increased allowable Medicaid cost. This cost is then divided by the estimated Medicaid FFS and MC days for the current SFY to arrive at the increased Medicaid cost per day. The estimated Medicaid FFS and MC days are paid days from the second prior calendar year;

2. MPD – Medicaid FFS inpatient days from the base year cost report;

3. TI – Trend indices. The trend indices are applied to the TAC per day of the per diem rate. The trend index for the base year is used to adjust the TAC per day to a common fiscal year end of June 30. The adjusted TAC per day shall be trended through the current SFY;

4. TAC – Medicaid allowable inpatient routine and special care unit costs, and ancillary costs, from the base year cost report, will be added to determine the hospital's Medicaid total allowable cost (TAC);

5. The per diem for private free-standing psychiatric hospitals shall be the greater of [one hundred percent (100%) of the SFY 2022 weighted average statewide per diem rate

for private free-standing psychiatric hospitals] one thousand one hundred ninety-four dollars and twenty-two cents (\$1,194.22) or the per diem as calculated in subsection (4)(A)(B);

6. The per diem shall not exceed the average Medicaid inpatient charge per diem as determined from the base year cost report and adjusted, by the TI, except for federally deemed critical access hospital/]s whose Medicaid FFS charges equal sixty percent (60%) or less of its Medicaid FFS charges;

7. The per diem shall be adjusted for rate increases granted in accordance with subsections [(4)(C) and] (4)(D) and (4)(E);

8. If the hospital does not have a base year cost report, the inpatient per diem will be the weighted average statewide per diem rate as determined in section (5);

[(B)](C) Trend indices (TI). For trend indices for SFY 2018 and forward, refer to the Hospital Market Basket index as published in Healthcare Cost Review by Institute of Health Systems [(IHS)], or equivalent publication, regardless of any changes in the name of the publication or publisher, for each SFY;

[(C)](D) Adjustments to rates. A hospital's inpatient per diem rate may be adjusted only under the following circumstances:

1. When information contained in the cost report is found to be intentionally misrepresented[. Such], such adjustment shall be made retroactive to the date of the original rate. Such adjustment shall not preclude the division from imposing any sanctions authorized by any statute or regulation; and

2. When a rate reconsideration is granted in accordance with subsection (4)(D)(E);

[(D)](E) Rate reconsideration.

1. Rate reconsideration may be requested under this subsection for changes in allowable costs which occur subsequent to the base year cost report described in subsection (4)(A)(B). The effective date for any increase granted under this subsection shall be no earlier than the first day of the month following the division's final determination of the rate reconsideration.

2. The following may be subject to review under procedures established by the division:

A. New or expanded inpatient services. A hospital, at times, may offer to the public new or expanded inpatient services which may require certificate of need (CON) approval.

(I) A state hospital, i.e., one owned or operated by the Board of Curators as provided for in Chapter 172, RSMo, or one owned or operated by the Department of Mental Health, may offer new or expanded inpatient services to the public provided it receives legislative appropriations for the project. A state hospital may submit a request for inpatient rate reconsideration if the project meets or exceeds a cost threshold of one (1) million dollars for capital expenditures or one (1) million dollars for major medical equipment expenditures as described in 19 CSR 60-50.300.

(II) Non-state hospitals may also offer new or expanded inpatient services to the public, and incur costs associated with the additions or expansions which may qualify for inpatient rate reconsideration requests. Such projects may require a CON. Rate reconsideration requests for projects requiring CON review must include a copy of the CON program approval. Non-state hospitals may request inpatient rate reconsiderations for projects not requiring review by the CON program, provided each project meets or exceeds a cost threshold of one (1) million dollars for capital expenditures as described in 19 CSR 60-50.300.

(III) A hospital (state or non-state) will have six (6) months after the new or expanded service project is completed and the service is offered to the public to submit a request for inpatient rate reconsideration, along with a budget of the

project's costs. The rate reconsideration request and budget will be subject to review. Upon completion of the review, the hospital's inpatient reimbursement rate may be adjusted, if indicated. Failure to submit a request for rate reconsideration and project budget within the six- (6-) month period shall disqualify the hospital from receiving a rate increase prior to recognizing the increase through the trended cost calculation.

(IV) Rate reconsiderations due to new or expanded services will be determined as total allowable project cost (i.e., the sum of annual depreciation, annualized interest expense, and annual additional operating costs) multiplied by the ratio of total inpatient costs (less SNF and swing bed cost) to total hospital cost as submitted on the most recent cost report filed with the division or its authorized contractor as of the review date divided by total acute care patient days including all special care units and nursery, but excluding swing bed days. The most recent cost report filed must be audited prior to the finalization of the rate reconsideration.

(V) Total acute care patient days (excluding nursery and swing bed days) must be at least sixty percent (60%) of total possible bed days. Total possible bed days will be determined using the number of licensed beds times three hundred sixty-five (365) days. If the total acute care patient days (excluding nursery and swing bed days) are less than sixty percent (60%) of total possible bed days, the sixty percent (60%) number plus nursery days will be used to determine the rate increase. If the total acute care patient days (excluding nursery and swing bed days) are at least sixty percent (60%) of total possible bed days, the total acute care patient days plus nursery days will be used to determine the rate increase. This computation will apply to capital costs only.

(VI) Major medical equipment costs included in rate reconsideration requests shall not include costs to replace current major medical equipment if the replacement does not result in new or expanded inpatient services. The replacement of inoperative or obsolete major medical equipment, by itself, does not qualify for rate reconsideration, even if the new equipment costs at least one (1) million dollars; and

B. When the hospital experiences extraordinary circumstances which may include but are not limited to an act of God, war, or civil disturbance.

3. The following will not be subject to review under these procedures:

A. The use of Medicare standards and reimbursement principles;

B. The method for determining the trend factor;

C. The use of all-inclusive prospective reimbursement rates; and

D. Increased costs for the successor owner, management, or leaseholder that result from changes in ownership, management, control, operation, or leasehold interests by whatever form for any hospital previously certified at any time for participation in the Medicaid program.

4. The request for a rate reconsideration must be submitted in writing to the division and must specifically and clearly identify the project and the total dollar amount involved. The total dollar amount must be supported by generally accepted accounting principles. The hospital shall demonstrate the rate reconsideration is necessary, proper, and consistent with efficient and economical delivery of covered patient care services. The hospital will be notified of the division's decision in writing within sixty (60) days of receipt of the hospital's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty- (60-) day period[,] shall

be grounds for denial of the request.

(5) **Inpatient Per Diem Reimbursement Rate Computation for New Hospitals.** Effective for **admit** dates *[of service]* beginning July 1, **[2022] 2025, for new Missouri hospitals that continue to be reimbursed under the per diem reimbursement methodology**, each new Missouri hospital's rate setting cost report shall be the first full fiscal year cost report, which includes inpatient Medicaid costs, otherwise the hospital shall continue to receive the weighted average statewide per diem rate as determined below.

[(A) Acute care hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the weighted average statewide per diem rate for acute care hospitals until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).]

*[(B)](A) Free-standing psychiatric hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the *[weighted average statewide] maximum* per diem rate for a free-standing psychiatric hospital[s], excluding the state psychiatric hospitals, until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).*

[(C)](B) Long-term acute care hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the weighted average statewide per diem rate for long-term acute care hospitals until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).

[(D)](C) Rehabilitation hospitals. In the absence of adequate cost data, a new hospital's Medicaid rate shall be one hundred percent (100%) of the weighted average statewide per diem rate for rehabilitation hospitals until a prospective rate is determined on the hospital's rate setting cost report, in accordance with section (4).

[(6) Acuity Adjustment Payment (AAP).

(A) Beginning with SFY 2023, hospitals that meet the requirements set forth below shall receive an AAP. A hospital that is designated as a long-term acute care hospital, free-standing psychiatric hospital, or a free-standing rehabilitation hospital does not qualify to receive an AAP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid per diem payments, AAP, PC payment, and SLP.

(B) Private ownership. A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's SFY 2023 Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's SFY 2023 Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(C) Non-state government owned or operated (NSGO) ownership. A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set

annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's SFY 2023 Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's SFY 2023 Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(D) The annual final AAP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(7) Poison Control (PC) Payment.

(A) The PC payment shall be determined for hospitals which operated a poison control center during the base year and which continues to operate a poison control center. The PC payment shall reimburse the hospital for the Medicaid share of the total poison control cost and shall be determined as follows:

1. The total poison control cost from the base year cost report will be divided by the total hospital days from the base year cost report to determine a cost per day. This cost per day will then be multiplied by the estimated Medicaid FFS and MC days for the SFY for which the PC payment is being calculated. The estimated Medicaid FFS and MC days are paid days from the second prior calendar year; and

2. The annual final PC payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(8) Stop Loss Payment (SLP).

(A) Beginning with SFY 2023 hospitals that meet the requirements set forth below shall receive an SLP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. The Medicaid per diem payments, AAP, PC payment, and SLP.

(B) Private ownership. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's SFY 2023 Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire private ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the private ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(B). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire private ownership group.

2. Privately owned free-standing psychiatric hospitals. Total

estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's SFY 2023 Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire privately owned free-standing psychiatric hospital ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments.

A. If a hospital has a decrease in payments as calculated in paragraph (8)(B)2., the hospital will receive a payment equal to the amount of payment decrease. If the hospital has an increase in payments as calculated in paragraph (8)(B)2., the hospital will not receive any additional payments.

(C) NSGO ownership. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's SFY 2023 Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire NSGO ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the NSGO ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(C). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire NSGO ownership group.

(D) The annual SLP will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(9) Medicaid Graduate Medical Education (GME) Payments. Effective beginning with SFY 2023, a GME payment calculated as the sum of the intern and resident based GME payment and the GME stop loss payment shall be made to any acute care hospital that provides graduate medical education.

(A) Intern and resident (I&R) based GME payment. The I&R based GME payment will be based on the per I&R Medicaid allocated GME costs not to exceed a maximum amount per I&R. The division will determine the number of full time equivalent (FTE) I&Rs. Total GME costs will be determined using Worksheet A of the base year cost report adjusted by the trend index. Total GME costs is multiplied by the ratio of Medicaid FFS and MC days to total days to determine the Medicaid allocated GME costs which is then divided by the number of FTE I&Rs to calculate the Medicaid allocated cost per I&R. The I&R based GME payment is calculated as the number of FTE I&Rs multiplied by the minimum established by the division or the Medicaid allocated cost per I&R.

(B) GME stop loss payment. The total I&R based GME payment for each hospital shall be subtracted from the hospital's prior SFY GME payments received then summed to calculate a total increase or decrease in payments for the entire group of hospitals that provide graduate medical education. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the hospitals, this amount shall represent

the total GME stop loss amount. GME stop loss payments will be made if a total GME stop loss payment amount was calculated in the paragraph above. Each hospital that shows a decrease in GME Medicaid payments shall receive a GME stop loss payment in the amount of the decrease in payments unless the sum of each hospital's GME stop loss payment is greater than the total GME stop loss amount. If the sum is greater than the total GME stop loss amount, each hospital's GME stop loss payment shall be calculated by multiplying the total GME stop loss amount times the ratio of the hospital's decrease in GME Medicaid payments to the total decrease in GME Medicaid payments.

(C) Hospitals who implement a GME program prior to July 1 of the SFY and do not have a base year cost report to determine GME costs shall receive an I&R based GME payment based on the statewide average per resident amount (PRA) determined as follows:

1. The number of FTE I&Rs shall be reported to the division by June 1 prior to the beginning of the SFY in order to have a GME payment calculated; and

2. The I&R based GME payment shall be calculated as the number of FTE I&Rs multiplied by the Medicaid capped statewide average PRA. The Medicaid capped statewide average PRA is calculated as follows:

A. By applying a straight average to the list of facility PRA's with the following criteria:

(I) A facility's PRA used in the straight average shall be the minimum as established by the division or the facility's actual PRA.

(D) The hospital's I&R based GME payment plus GME stop loss payment, if applicable, will be calculated for each hospital at the beginning of each SFY. The annual amount will be paid on a quarterly basis during the SFY.

(10) Children's Outlier (CO) Payment.

(A) The outlier year is based on a discharge date between July 1 and June 30.

(B) Beginning July 1, 2022, for fee-for-service claims only, outlier payments for medically necessary inpatient services involving exceptionally high cost or exceptionally long lengths of stay for MO HealthNet-eligible children under the age of six (6) will be made to hospitals meeting the federal DSH requirements in paragraph (10)(B)1. and for MO HealthNet-eligible infants under the age of one (1) will be made to any other Missouri Medicaid hospital.

1. The following criteria must be met to be eligible for outlier payments for children one (1) year of age to children under six (6) years of age:

A. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to these services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal Executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer nonemergency obstetric services as of December 21, 1987;

B. As determined from the base year audited Medicaid cost report, the hospital must have either—

(I) A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio

of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$MIUR = TMD / TNID$$

or

(II) A low-income utilization rate (LIUR) in excess of twenty-five percent (25%). The LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, and the like) for patient services plus the CS; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / THC)$$

2. The following criteria must be met for the services to be eligible for outlier review:

A. The patient must be a MO HealthNet-eligible infant under the age of one (1) year, or for hospitals that meet the federal DSH requirements, a MO HealthNet-eligible child under the age of six (6) years, as of the date of discharge; and

B. One (1) of the following conditions must be satisfied:

(I) The total reimbursable charges for dates of service must be at least one hundred fifty percent (150%) of the sum of claim payments for each claim; or

(II) The dates of service must exceed sixty (60) days and less than seventy-five percent (75%) of the total service days were reimbursed by MO HealthNet.

3. Claims eligible for outlier review must—

A. Have been submitted in their entirety for claims processing; and

B. The claim must have been paid; and

C. An annual outlier file, for paid claims only, must be submitted to the division no later than December 31 of the second calendar year following the end of the outlier year (i.e., claims for outlier year 2022 are due no later than December 31, 2024).

4. After the review, reimbursable costs for each claim will be determined using the following data from the audited Medicaid hospital cost report for the year ending in the same calendar year as the outlier year (i.e., Medicaid hospital cost reports ending in 2022 will be used for the 2022 outlier year):

A. Average routine (room and board) costs for the general and special care units for all days of the stay eligible per the outlier review; and

B. Ancillary cost-to-charge ratios applied to claim ancillary charges determined eligible for reimbursement per the outlier review.

5. The outlier payments will be determined for each hospital as follows:

A. Sum all reimbursable costs for all eligible outlier claims to equal total reimbursable costs;

B. Subtract total claim payments, which includes MO HealthNet claims payments, third-party payments, and co-pays, from total reimbursable costs to equal excess cost; and

C. Multiply excess costs by fifty percent (50%).

(11) Psych Adjustment (PA) Payment.

(A) Beginning with SFY 2024, hospitals that have FFS psychiatric hospital days as identified in the MMIS shall receive a PA payment.

1. The PA payment is a set dollar amount appropriated by the General Assembly pursuant to section 11.770, RSMo, and distributed to eligible hospitals proportionately as follows:

A. The FFS psychiatric hospital days for each hospital will be divided by the total FFS psychiatric hospital days for all hospitals to determine a percentage for each hospital. This percentage will then be multiplied by the set dollar amount in paragraph (11)(A)1. to determine the PA payment. The FFS psychiatric hospital days are paid days from the second prior calendar year.

2. The annual final PA payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(12) Safety Net Hospitals.

(A) A hospital may qualify as a safety net hospital based on the following criteria. Hospitals shall qualify for a period of only one (1) SFY and must requalify at the beginning of each SFY to continue their safety net hospital designation:

1. The hospital must meet the specific obstetric requirements set forth in 13 CSR 70-15.220(1)(B)1.;

2. As determined from the audited base year cost report, the facility must have either—

A. A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded.

$$MIUR = TMD / TNID; \text{ or}$$

B. A low-income utilization rate in excess of twenty-five percent (25%).

(I) The low-income utilization rate (LIUR) shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total Medicaid patient revenues (TMPR) paid to the hospital for patient services under a state plan (regardless of whether the services were furnished on a fee-for-service basis or through a managed care entity) plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, etc.) for patient services plus the cash subsidies; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less cash subsidies directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to charity care shall not include any contractual allowances and discounts other than for indigent patients not eligible for medical assistance under a state plan.

$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / THC)$; and

3. As determined from the audited base year cost report—

A. A public non-state governmental acute care hospital with an LIUR of at least twenty percent (20%) and an MIUR greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%); or

B. The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or

C. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.]

(6) Inpatient Diagnosis Related Group (DRG) Reimbursement Methodology. Effective for discharge dates beginning July 1, 2025, Missouri hospitals shall be reimbursed under the DRG reimbursement methodology using components from the base year cost report and claims data period. Those components are from the following data sources:

(A) Historical claims data: FFS claims and MC encounter data from MMIS for SFY 2024.

1. Future updates will utilize FFS claims and MC encounter data from MMIS for the second full prior calendar year (i.e., for SFY 2027, calendar year 2024 paid claims will be utilized);

(B) Cost report data: The fourth prior year cost reports.

1. Future updates will utilize the third prior year audited cost reports available as of January 31 prior to the beginning of the SFY;

(C) Labor portion and wage index: Federal fiscal year (FFY) 2025 inpatient prospective payment system (IPPS) wage data.

1. Future updates will be obtained from the final rule or any subsequent correction notice that is available as of January 31 prior to the beginning of the SFY;

(D) Hospitals reimbursed under DRG –

1. All hospitals except for those listed in subsection (4) (A);

(E) DRG grouper type.

1. The DRG grouper utilized to classify cases into DRG categories will be the Solventum All-Patient Refined (APR) DRG.

2. The version utilized is 42, released on October 1, 2024;

(F) Statewide base rates development.

1. Statewide base rates.

A. The base year claims data (FFS claims and MC encounters) is repriced under the current reimbursement methodology. This base year repricing establishes the intended budget for the DRG system. The in-state hospital data and out-of-state hospital data is separated and, utilizing the DRG formula, a base rate is iterated for each set of claims data;

(G) Hospital base rate components.

1. Statewide base rate.

A. Two (2) base rates are established for reimbursement in the DRG system. One (1) for in-state hospitals and one (1) for out-of-state hospitals.

2. Wage index.

A. For Medicare IPPS hospitals, the wage index is based on the Medicare IPPS post-reclass effective as of the October prior to the beginning of the SFY.

B. For non-Medicare IPPS hospitals, the wage index is based on the Medicare IPPS for the hospital's Medicare Core-based Statistical Area (CBSA) effective as of the October prior to the beginning of the SFY.

C. In-state federally deemed critical access hospitals (CAH) will have their wage index set to 1.000, regardless of their assigned CBSA.

3. Hospital DRG rate add-ons.

A. Free-standing in-state children's hospitals will receive a two thousand five hundred dollar (\$2,500) rate add-on to their base rate.

B. In-state federally deemed CAHs will receive a one thousand five hundred dollar (\$1,500) rate add-on to their base rate.

C. Indirect Medical Education (IME) Factor.

(I) In-state hospitals with approved medical education programs identified in the Medicare cost report will have an IME add-on to their base rate. The IME formula is calculated from the base year cost report as follows:

(a) Full-time employee (FTE) counts: Worksheet S-3, Lines 14, 16, and 17, Column 9.

I. Updated FTEs can be submitted to the division if a hospital meets the criteria in 13 CSR 70-15.015(9) (D);

(b) Sum of hospital beds: Worksheet S-3, Lines 14, 16, and 17, Column 2; and

(c) Formula: Round $(1.35 * ((1 + (FTE \text{ counts} / \text{hospital beds}))^{.405} - 1), 4) * 50\%$.

4. Hospital specific base rates.

A. Each hospital will have a specific base rate calculated based on the following formula:

(I) Adjust the statewide base rate by the wage index.

(a) Wage adjusted rate = (statewide base rate * labor portion * wage index) + (statewide base rate * (1 - labor portion));

(II) Add IME (if applicable) to the wage adjusted rate.

(a) IME and wage adjusted rate = wage adjusted rate * IME factor; and

(III) Add children's or CAH add-on (if applicable).

(a) Hospital specific rate = IME and wage adjusted rate + children's or CAH add-on;

(H) Hospital cost-to-charge ratios (CCR).

1. Utilizing the base year cost reports, hospital specific CCRs are established.

A. Costs: Worksheet D-1, Line 49, Title XIX (if there is not Title XIX, then Title XVIII is utilized).

B. Charges: Worksheet D-3, Lines 30-35, and 202, Column 2, Title XIX (if there is no Title XIX, then Title XVIII is utilized);

(I) Transfer payments.

1. Transfers shall be identified as claims with a discharge status of 02, 05, and 66 and not having an assigned DRG of 580 or 581.

2. The reimbursement to hospitals for inpatient services provided to claims identified as transfers shall be the lesser of A. or B. below:

A. The DRG amount.

(I) Formula: Hospital Specific Base Rate * DRG relative weight; and

B. The amount in subparagraph (6)(I)2.A. divided by the assigned DRGs average length of stay (ALOS) multiplied by the claims length of stay (LOS) plus one (1).

(I) Formula: $(DRG \text{ payment} / DRG \text{ ALOS}) * (LOS + 1)$;

(J) Outlier payments.

1. Cost outlier payments are an additional payment made at the time a claim is processed for exceptionally costly services.

A. A cost outlier threshold shall be established

for each DRG at the time the DRG relative weights are calculated, using the same information used to establish the relative weights. The cost threshold is the greater of thirty thousand dollars (\$30,000) or mean cost for the DRG plus 1.96 standard deviation.

B. Charges for non-covered services and services not reimbursed under the inpatient DRG methodology shall be deducted from the total billed charges. The remaining billed charges are converted to cost using the hospital specific CCR.

C. If the net cost for the claim exceeds the cost outlier threshold, a cost outlier payment is made at eighty percent (80%) of the costs above the threshold.

D. DRGs excluded from cost outliers.

(I) Mental Health and Substance Abuse DRGs.

(a) DRGs 750-1 through 776-4.

2. Day outlier payments are an additional payment made at the time a claim is processed for exceptionally long lengths of stay in the Mental Health and Substance Abuse DRGs (DRGs 750-1 through 776-4).

A. A day outlier threshold shall be established for each DRG at the time the DRG relative weights are calculated, using the same information used to establish the relative weights. The day threshold is the ALOS of the DRG.

B. A day outlier per diem payment may be made for covered days in excess of the day outlier threshold at the rate of five hundred dollars (\$500) per day;

(K) Policy adjustors. Claims for inpatient stays that meet certain criteria will qualify for further adjustments to the payments.

1. Pediatric.

A. Adjustment factor: 1.70.

B. Qualifying criteria: The DRG's assigned service category is Pediatric.

2. General Medicine.

A. Adjustment factor: 1.31.

B. Qualifying criteria: The DRG's assigned service category is General Medicine.

3. Mental Health and Substance Abuse.

A. Adjustment factor: 1.92.

B. Qualifying criteria: The DRG's assigned service category is Mental Health and Substance Abuse.

4. Obstetrics.

A. Adjustment factor: 1.27.

B. Qualifying criteria: The DRG's assigned service category is Obstetrics;

(L) Example DRG claim calculation.

B	C	D	E	F	G
2	Missouri Medicaid DRG Pricing Calculator - Rates Effective: 7/1/2025				
3	This DRG Pricing calculator will provide an estimated DRG payment for inpatient hospital services for Missouri Medicaid recipients.				
4	Indicates data to be input by the user		Indicates payment policy parameters set by Medicaid		
5	Information	Data	Comments or Formula		
6	INFORMATION FROM THE HOSPITAL				
7	Covered Charges	\$250,000.00	UB-04 Field Locator 47 minus FL 40		
8	Length of Stay	10	Total Length of Stay (Discharge minus Admit Date)		
9	Covered Days	10	Covered Days from Claim		
10	Discharge Status	01			
11	APR-DRG Code	729.3	From separate APR-DRG grouping software		
12	HOSPITAL INFORMATION				
13	Hospital Specific Facility Rate	\$7,684.89	Provider Specific Rate		
14	Hospital Specific cost-to-charge ratio	0.2650	Provider Specific CCR		
15	APR-DRG INFORMATION				
16	APR-DRG Description	VIRAL ILLNESS			
17	APR-DRG Service Line Description	Internal Medicine			
18	DRG Relative Weight	1.1472			
19	Cost Outlier Threshold	\$43,548.52			
20	Average LOS	3.44			
21	Day Outlier Threshold	0.00	Only populated for Mental Health and Substance Abuse DRGs		
22	Policy Adjuster	1.31			
23	DRG BASE PAYMENT				
24	DRG Base Payment	\$8,816.11	E13 * E18		
25	TRANSFER PAYMENT				
26	Transfer Indicator	No	If E10 in (02, 05, 06) AND E11 is NOT 580 or 581 Then Yes Else No		
27	Transfer Adjusted Payment	\$0.00	If E26 = Yes then (E24 / E20) * (E8 * 1) else 0		
28	Transfer Payment or DRG Payment	\$0.00	If E26 = Yes then Minimum of E27 or E24 else 0		
29	POLICY ADJUSTER PAYMENT				
30	Policy Adjuster Payment	\$2,732.96	If E26 = Yes then E31 - E28 else E31 - E24		
31	DRG Payment with Policy Adjuster	\$11,549.10	If E26 = Yes then E28 * E22 else E24 * E22		
32	OUTLIER PAYMENT				
33	Cost or Day Outlier?	Cost Outlier	If E17 = "Mental Health and Substance Abuse" then Day Outlier else Cost Outlier		
34	DAY OUTLIER CALCULATIONS				
35	Day Outlier Indicator	No	If E33 = "Day Outlier" AND (E9 - E21) > 0 then Yes else No		
36	Day Outlier - Per Diem Amount	N/A	\$500.00 per day		
37	Day Outlier Payment	\$0.00	If E35 = "Yes" AND E33 = "Day Outlier" then (E9 - E21) * E36 else 0		
38	COST OUTLIER CALCULATIONS				
39	Estimated Cost of the Stay	\$68,250.00	F7 * F14		
40	Marginal Cost Percentage	80%	Marginal Cost set to 80%		
41	Cost Outlier Indicator	Yes	If E39 > E19 then Yes else No		
42	Cost Above Threshold	\$22,701.48	If E41 = "Yes" then E39 - E19 else 0		
43	Cost Outlier Payment	\$18,161.18	E42 * E40		
44	Outlier Payment	\$18,161.18	If E33 = "Day Outlier" AND E35 = "Yes" then E37, If E33 = "Cost Outlier" AND E41 = "Yes" then E43 else 0		
45	CALCULATION OF ALLOWED AMOUNT				
46	Allowed Amount	\$29,710.28	E31 + E44		
47					

(M) New hospitals shall be assigned the following DRG payment components:

1. Statewide base rate based upon their in-state or out-of-state status;
2. Wage index based upon the CBSA in which the hospital resides;
3. Hospital specific CCR based upon their most recently filed cost report.

A. In the absence of a cost report, the following CCR will be utilized:

(I) In-state: The average CCR of all in-state hospitals reimbursed by DRG until a cost report has been filed with the division; and

(II) Out-of-state: The average urban CCR in the state the hospital resides, as found in the Medicare prospective

payment system (PPS) annual release documents;

4. Base rate add-ons.

A. For new in-state hospitals only, base rate add-ons will be considered based upon the designation of the hospital.

(I) New free-standing in-state children's hospitals will be eligible for the children's base rate add-on.

(II) New in-state federally deemed CAHs will be eligible for the CAH base rate add-on.

[(13)](7) Hospital Mergers. Hospitals that merge their operations under one (1) Medicare and Medicaid provider number shall have their Medicaid reimbursement combined under the surviving hospital's (the hospital's whose Medicare and Medicaid provider number remained active) Medicaid

provider number.

(A) The per diem rate for merged hospitals shall be calculated –

1. For the remainder of the SFY in which the merger occurred, the merged rate is calculated by multiplying each hospital's estimated Medicaid paid days by its per diem rate, summing the estimated per diem payments and estimated Medicaid paid days, and then dividing the total estimated per diem payments by the total estimated paid days to determine the weighted per diem rate. The effective date of the weighted per diem rate will be the date of the merger; or

2. For subsequent SFYs, the per diem rate will be based on the combined data from the base year cost report for each facility.

[(B) The other Medicaid payments, if applicable, shall be—

1. Combined under the surviving hospital's Medicaid provider number for the remainder of the SFY in which the merger occurred; and

2. Calculated for subsequent SFYs based on the combined data from the base year cost report for each facility.]

[(14)](8) Payment Assurance. The state will pay each hospital, which furnishes the services in accordance with the requirements of the state plan, the amount determined for services furnished by the hospital according to the standards and methods set forth in the rules implementing the hospital reimbursement program.

[(15)](9) Inappropriate Placements.

(A) The hospital *[per diem rate]* **inpatient reimbursement** as determined under this plan *[and in effect on October 1, 1981.]* shall not apply to any participant who is receiving inpatient hospital care when the participant is only in need of nursing home care.

1. If a hospital has an established intermediate care facility/skilled nursing facility (ICF/SNF) or SNF-only MO HealthNet rate for providing nursing home services in a distinct part setting, reimbursement for nursing home services provided in the inpatient hospital setting shall be made at the hospital's ICF/SNF or SNF-only rate.

2. No MO HealthNet payments will be made on behalf of any participant who is receiving inpatient hospital care and is not in need of either inpatient or nursing home care.

[(16) Directed Payments. Effective July 1, 2022, the Missouri Medicaid managed care organizations shall make inpatient and outpatient directed payments to in-state in-network hospitals pursuant to 42 CFR 438.6(c) as approved by the Centers for Medicare & Medicaid Services.]

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. [2024] 2025. This rule was previously filed as 13 CSR 40-81.050. Original rule filed Feb. 13, 1969, effective Feb. 23, 1969. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 19, 2026.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$55.7 million in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately \$450.8 million in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the

Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing will not be scheduled.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title:** 13 Social Services
Division Title: 70 MO HealthNet Division
Chapter Title: 15 Hospital Program

Rule Number and Title:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
In-state Hospitals – 94	In-state Private Hospitals enrolled in MO HealthNet	Net Estimated Cost for SFY 2026: \$450.8 million

III. WORKSHEET

Private Hospitals Impact	
Estimated Cost for SFY 2026	
	Total
Estimated Cost to Private Hospitals	\$450,774,246
SFY 2026 Blended FMAP	35.3425%
State Share	\$159,314,888

IV. ASSUMPTIONS

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$51.1 million for SFY 2026.

13 CSR 70-15.010
13 CSR 70-15.015

The net fiscal impact is estimated based on the DRG modeling and updates to the data used to calculate the inpatient per diems. There was an increase in the FRA tax rate which increased the inpatient per diems. There was also an increase to the minimum per diem for free-standing psychiatric hospitals.

**FISCAL NOTE
PUBLIC COST**

- I. **Department Title:** 13 Social Services
 Division Title: 70 MO HealthNet Division
 Chapter Title: 15 Hospital Program

Rule Number and Title:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. **SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) Hospitals enrolled in MO HealthNet - 39	Net Estimated Cost for SFY 2026: \$55.7 million
Department of Social Services, MO HealthNet Division	Net Estimated Cost for SFY 2026: \$0 million

III. **WORKSHEET**

Other Government (Public) Hospitals Impact			
Estimated Cost for SFY 2026			
	FRA Fund	IGT Fund	Total
Estimated Cost to Public Hospitals	\$55,291,618	\$0	\$55,291,618
Estimated Cost to State Hospitals	\$2,596,213	(\$2,226,636)	\$369,577
Total Estimated Cost Impact	\$57,887,831	(\$2,226,636)	\$55,661,195
State Share Percentage	35.3425%	35.3425%	35.3425%
State Share	\$20,459,007	(\$786,949)	\$19,672,058

Department of Social Services, MO HealthNet Division Impact			
Estimated Savings for SFY 2026			
	FRA Fund	IGT Fund	Total
Estimated Savings to MHD	\$508,662,077	(\$2,226,636)	\$506,435,441
State Share Percentage	35.3425%	35.3425%	35.3425%
State Share	\$179,773,895	(\$786,949)	\$178,986,946

IV. **ASSUMPTIONS**

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of \$51.1 million for SFY 2026.

13 CSR 70-15.010
13 CSR 70-15.015

The net fiscal impact is estimated based on the DRG modeling and updates to the data used to calculate the inpatient per diems. There was an increase in the FRA tax rate which increased the inpatient per diems. There was also an increase to the minimum per diem for free-standing psychiatric hospitals.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.030 Payment and Payment Limitations for Inpatient Hospital Care. The division is amending sections (1) and (3).

PURPOSE: This amendment updates all documents incorporated by reference.

(1) For inpatient hospital admissions that do not require certification as specified in 13 CSR 70-15.020, the number of days which MO HealthNet will cover for each admission is included in the MO HealthNet exempt diagnosis table, which is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, *[at its website at <https://dss.mo.gov/mhd/providers/pdf/Exempt-Diagnosis-Table.pdf>, November 9, 2021]* **March 11, 2026**. All other admissions require certification per 13 CSR 70-15.020. This rule does not incorporate any subsequent amendments or additions.

(A) The MO HealthNet program shall be administered by the Department of Social Services, MO HealthNet Division. The services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the division and shall be included in the MO HealthNet **Hospital [provider m] Manual[s]**, which *[are]* is incorporated by reference *[and made a part of]* in this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, *[and at its website at <https://dss.mo.gov/mhd/>, November 9, 2021]* **January 28, 2026**. This rule does not incorporate any subsequent amendments or additions.

(3) Reimbursement shall be made *[at the applicable per diem rate in effect as of the initial date of admission and]* **in accordance with 13 CSR 70-15.010** for only allowable days during which the participant is eligible.

AUTHORITY: sections 208.152[,] and 208.153, RSMo Supp. [2021]2025, [and sections 208.153] and section 208.201, RSMo 2016. This rule was previously filed as 13 CSR 40-81.051. Emergency rule filed April 7, 1981, effective April 20, 1981, expired July 10, 1981. Original rule filed April 7, 1981, effective July 11, 1981. For intervening history, please consult the Code of State Regulations. Amended: Filed March 2, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of

this notice in the Missouri Register. A public hearing is not scheduled.

**TITLE 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 94 – Rural Health Clinic Program**

PROPOSED AMENDMENT

13 CSR 70-94.030 Transformation of Rural Community Health (ToRCH). The division is amending section (6).

PURPOSE: This amendment replaces the payment methodology of Transformation of Rural Community Health (ToRCH).

(6) Payment Methodology.

(B) The components identified in subsection (6)(A) are defined as follows:

1. CBF – Capacity Building Funds. The amount in model years one (1) and two (2) is one hundred sixty thousand dollars (\$160,000) per year for a small rural county, two hundred forty thousand dollars (\$240,000) for a medium rural county, and three hundred twenty thousand dollars (\$320,000) for a large rural county. In year three (3), the amount is reduced by one-third (1/3). In year four (4), the amount is reduced by two-thirds (2/3). In year five (5) and beyond, the amount is zero (0). These amounts are to be trended forward for inflation for additional cohorts after the first cohort and are to be awarded to local CBOs that agree to participate in the ToRCH model according to guidance established by the division. For purposes of this rule –

A. A small rural county shall mean a rural county with a population of less than fifteen thousand (15,000);

B. A medium rural county shall mean a rural county with a population from fifteen thousand (15,000) to twenty-nine thousand nine hundred ninety-nine (29,999); and

C. A large rural county shall mean a rural county with a population of at least thirty thousand (30,000);

2. CSS – Community Strategy Services. This amount is comprised of two (2) actuarially[-]determined components to deliver community strategy services. The first is a base allocation that supports two (2), three (3), or four (4) full-time personnel (for small, medium, or large counties, respectively) to administer and manage the ToRCH model; the second covers screening and referral activities for MO HealthNet participants, multiplied by the most recent quarter's enrollment data for the ToRCH county or counties, and payable quarterly;

3. SB3 – Supplemental B3 services and activities. In model years one (1) and two (2), this is a budgeted amount to be used by the ToRCH entity to provide supplemental services in accordance with section 1915(b)(3) of the *Social Security Act*. In year three (3), as the funding source for these services and activities begins to transition to Shared Savings (SS), the amount is reduced by one-third (1/3). In year four (4), the amount is reduced by two-thirds (2/3). In year five (5) and beyond, the amount is reduced to zero (0);

4. PH – Population *[H]*health incentive payments. For each of the identified population health goals referenced in the ToRCH entity's Participant Agreement, *[the Supplemental HRSN services budget will be increased by]* **an incentive payment of two percent (2%) of the program's actual expenditures, excluding capacity building**, if the goal for the prior year is met and *[by]* of three percent (3%) if the goal is exceeded. Thus, the value of PH(2) equals up to fifteen percent

(15%) of the total amount spent for CSS and HRSN services (the latter being no greater than SB3(1)). The value of PH(3) equals up to fifteen percent (15%) of the total amount spent for CSS and HRSN services (the latter being no greater than SB3(2)). The value of PH(4) equals up to fifteen percent (15%) of the total amount spent for CSS and HRSN services (the latter being no greater than the sum of SB3(3) and SS(3)). The value of PH(5) equals up to fifteen percent (15%) of the total amount spent for CSS and HRSN services (the latter being no greater than the sum of SB3(4) and SS(4)). The value of PH(6+) equals up to fifteen percent (15%) of the total amount spent on CSS and HRSN services (the latter being no greater than SS(5+));

5. AV – Avoided ~~[V]~~visits incentive payments. Based on calculations of avoidable ~~[E]~~emergency ~~[D]~~department visits, a pool is created across the ToRCH cohort, i.e., across all ToRCH entities that are in the same model year. Using Emergency Department Prevention Quality Indicators (ED PQIs), hospital services are probabilistically identified as potentially avoidable, and the dollar amount associated with these services is calculated at baseline and after each model year for services that occurred in the ToRCH hospital. The combined reductions achieved by all hospitals achieving reductions will comprise the Avoided Visits Pool. First, these changes are expressed as percentage changes for each hospital, negative numbers representing better performance. The percentage change for any hospital with worse performance is set to zero. Second, these percentage changes are summed to determine the total percent change across the cohort. Third, each hospital's share of the total percent change is calculated as the ratio of the above two (2) steps. Fourth, this share is multiplied by the total value of the reduction achieved across the cohort to determine a prorated share of the reduction, assuming any reductions occurred, and the Pool value is therefore positive. AV for each hospital equals its prorated share of the reduction, or zero if the Pool value is zero. Original values for the first cohort will refer to calendar year 2023 measurements. (Note: if a ToRCH entity is not a hospital, then it will not participate in the Avoided Visits Pool.);

6. AH – Avoided ~~[H]~~hospitalization incentive payments. Based on calculations of avoidable hospitalizations, a pool is created across the ToRCH cohort, i.e., across all ToRCH entities that are in the same model year. Using Prevention Quality Indicators (PQIs) and area-level Pediatric Quality Indicators (PDIs), hospital services are identified as potentially avoidable, and the dollar amount associated with these services is calculated at baseline and after each model year for services that occurred in the ToRCH hospital. The combined reductions achieved by all hospitals achieving reductions will comprise the Avoided Hospitalizations Pool. First, these changes are expressed as percentage changes for each hospital, negative numbers representing better performance. The percentage change for any hospital with worse performance is set to zero. Second, these percentage changes are summed to determine the total percent change across the cohort. Third, each hospital's share of the total percent change is calculated as the ratio of the above two (2) steps. Fourth, this share is multiplied by the total value of the reduction achieved across the cohort to determine a prorated share of the reduction, assuming any reductions occurred, and the Pool value is therefore positive. AH for each hospital equals its prorated share of the reduction, or zero if the Pool value is zero. Original values for the first cohort will refer to calendar year 2023 measurements. (Note: if a ToRCH entity is not a hospital, then it will not participate in the Avoided Hospitalization Pool.); and

7. SS – Shared ~~[S]~~savings payments – Beginning in year

three (3), ToRCH entities will be eligible for shared savings payments based upon the estimated savings that MHD calculates as occurring through reductions in all-cause hospitalization (inpatient and outpatient) among the MO HealthNet residents of the ToRCH community. The estimate will be calculated relative to the utilization of MO HealthNet residents of rural, non-ToRCH counties and will be adjusted for the demographic composition of the county, including differences in enrollment by ~~[C]~~category of ~~[A]~~aid. To phase in the ~~[S]~~shared ~~[S]~~savings component of the ToRCH model, SS(3) will be, at minimum, equal to twenty percent (20%) of the calculated amount saved between years one (1) and two (2). SS(4) will be, at minimum, forty percent (40%) of the calculated amount saved between years two (2) and three (3). SS(5) will be, at minimum, sixty percent (60%) of the calculated amount saved between years three (3) and four (4). For N>5, SS(N) will be, at minimum, sixty percent (60%) of the calculated amount saved between years N minus two (2) and N minus one (1). When the PH incentive payments are added, the total shared savings rate may be up to seventy-five percent (75%);

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and section 208.153, RSMo Supp. [2024] 2025. Emergency rule filed April 22, 2024, effective May 6, 2024, expired Nov. 1, 2024. Original rule filed April 22, 2024, effective Dec. 30, 2024. Amended: Filed Feb. 26, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Department of Social Services, Legal Services Division–Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 200 – Insurance Solvency and Company Regulation

Chapter 9 – Third-Party Administrators (TPAs)

PROPOSED AMENDMENT

20 CSR 200-9.800 Annual Filings Due by March 1. The department is amending the rule purpose and section (1), and adding sections (2)–(4).

PURPOSE: This amendment creates an exemption to the requirement to annually file an audited financial statement as part of the report required by section 376.1093, RSMo, for certain, smaller companies that are not part of an insurance holding company system.

PURPOSE: This rule prescribes the [process and forms to be used by a third-party administrator to notify the department of the names and addresses of all insurers and trusts with which the third-party administrator had an agreement during the preceding

fiscal year] form and content of the annual report required by section 376.1093, RSMo.

(1) Before March 1 of each year following receipt of its certificate of authority, the third-party administrator shall electronically file an annual report with the director of the department pursuant to section 376.1093, RSMo, stating the complete names and addresses of all insurers and trusts with which the administrator had an agreement during the preceding *[fiscal]* **calendar** year (Notification of Insurer/Trust Agreements form), a completed TPA Questionnaire, a completed TPA 376.1092 Form, and an audited financial report for the preceding *[calendar]* **fiscal** year. The above-referenced forms are available on the department's website or by contacting the department and **should be filed through the online portal on the department's website.**

(2) **The audited financial report may be completed on either an individual or consolidated basis. A Form 10-K may alternatively be used to satisfy this requirement.**

(3) **A third-party administrator that is not a member of an insurance holding company system as that term is defined at section 382.010(6), RSMo, shall be exempt from filing an audited financial report as part of its annual report if any one of the following conditions are met:**

(A) **The third-party administrator reported less than one million dollars of total assets in the immediately preceding fiscal year;**

(B) **The third-party administrator reported less than five million dollars of total revenue in the immediately preceding fiscal year; or**

(C) **The third-party administrator has been in existence for fewer than two (2) fiscal years as of December 31 of the immediately preceding calendar year.**

(4) **A third-party administrator that is exempt from filing an audited financial report under section (3) of this rule shall instead file an unaudited financial report certified by two (2) company officers.**

AUTHORITY: sections 374.045 and 376.1095, RSMo 2016. Original rule filed Dec. 13, 1993, effective Aug. 28, 1994. Amended: Filed Nov. 23, 1998, effective July 30, 1999. Amended: Filed Jan. 8, 2019, effective July 30, 2019. Amended: Filed Feb. 27, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Commerce and Insurance, 301 West High Street, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10 am, May 1, 2026, in Room 530, Truman State Office Building, 301 West High Street, Jefferson City, MO 65101.*

**TITLE 20 – DEPARTMENT OF COMMERCE
AND INSURANCE
Division 2063 – Behavior Analyst Advisory Board
Chapter 1 – General Rules**

PROPOSED AMENDMENT

20 CSR 2063-1.015 Fees. The board is adding new subsection (1)(J).

PURPOSE: This amendment adds a jurisprudence exam fee.

(1) The following fees are established for the Behavior Analyst Advisory Board and are payable to the State Committee of Psychologists:

(J) Jurisprudence Examination **\$75**

*AUTHORITY: sections 337.310 and 337.340, RSMo 2016, and sections 337.315 and 337.320, RSMo Supp. [2024]2025. Emergency rule filed Nov. 30, 2010, effective Dec. 10, 2010, expired June 7, 2011. Original rule filed Nov. 30, 2010, effective May 30, 2011. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 19, 2026.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately thirteen thousand eight hundred seventy-five dollars (\$13,875) annually for the life of the rule.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Behavior Analyst Advisory Board, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-0661, or via email at scop@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PRIVATE FISCAL NOTE**I. RULE NUMBER**

Title 20 -Department of Commerce and Insurance
Division 2063—Behavior Analyst Advisory Board
Chapter 1 - General Rules
Proposed Amendment to 20 CSR 2063-1.015 Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
185	Jurisprudence Examination (Fee @ \$75)	\$13,875
	Estimated Cost Beginning in FY26 and Annually Thereafter	\$13,875

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board estimates that they receive 185 applicants annually to take the jurisprudence exam and the oral exam.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five (5) year analysis, the board voted to establish the jurisprudence exam fee.

Note: The division is statutorily obligated to enforce and administer the provisions of sections 337.300 to 337.347, RSMo. Pursuant to section 337.310, RSMo, the board shall by rule and regulation set the amount of fees authorized by section 337.310, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the division for administering the provisions of sections 337.300 to 337.347, RSMo.

**TITLE 20 – DEPARTMENT OF COMMERCE AND
INSURANCE**

**Division 2063 – Behavior Analyst Advisory Board
Chapter 2 – Licensure Requirements**

PROPOSED AMENDMENT

20 CSR 2063-2.005 Application for Licensure. The board is amending sections (2), (3), and (5).

PURPOSE: This amendment adds a jurisprudence exam requirement.

(2) Behavior Analyst License.

(A) Applicants applying for licensure as a behavior analyst shall submit –

1. A completed application for licensure which is typewritten or printed in black ink[,] **and attested to and signed[, and notarized];**

2. The appropriate licensure fee pursuant to 20 CSR 2063-1.015;

3. One (1) recent photograph, pursuant to section 337.315.1, RSMo, of the applicant's head and shoulders (commonly known as passport style) that fairly depicts the applicant's appearance;

4. Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation (FBI) fingerprint background check. Any fees due for fingerprint background checks shall be paid by the applicant;

5. Proof of having passed an examination and been certified as a board-certified behavior analyst from a certifying entity as defined pursuant to 20 CSR 2063-1.010;

6. Proof of active status as a board-certified behavior analyst; and

7. Verification of licensure in any other state in which the applicant holds a license as a behavior analyst. Verification of licensure must be received by the board directly from the issuing state agency.

(B) Passage of the Jurisprudence Examination.

1. A jurisprudence examination based on Missouri law and regulations governing the practice of behavior analysts, professional affairs, and ethics will be administered multiple times each year at sites, dates, and times approved by the Behavior Analyst Advisory Board and the State Committee of Psychologists.

2. An applicant is deemed to have passed the jurisprudence portion of the examination if he/she has at least seventy percent (70%) of the total items correct on that examination.

(3) Assistant Behavior Analyst License.

(A) Applicants applying for licensure as an assistant behavior analyst shall submit –

1. A completed application for licensure which is typewritten or printed in black ink[,] **and attested to and signed[, and notarized];**

2. The appropriate licensure fee pursuant to 20 CSR 2063-1.015;

3. One (1) recent photograph, pursuant to section 337.315.1, RSMo, of the applicant's head and shoulders (commonly known as passport style) that fairly depicts the applicant's appearance;

4. Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri

State Highway Patrol and Federal Bureau of Investigation (FBI) fingerprint background check. Any fees due for fingerprint background checks shall be paid by the applicant;

5. Proof of having passed an examination and been certified as a board-certified assistant behavior analyst from a certifying entity as defined pursuant to 20 CSR 2063-1.010;

6. Proof of active status as a board-certified assistant behavior analyst;

7. Verification of licensure in any other state in which the applicant holds a license as an assistant behavior analyst. Verification of licensure must be received by the board directly from the issuing state agency; and

8. Proof the applicant will be directly supervised by a licensed behavior analyst on a form provided by the board.

(5) Provisional License – Behavior Analyst and Assistant Behavior Analyst.

(A) Applicants for provisional licensure shall submit –

1. A completed application for licensure which is typewritten or printed in black ink[,] **and attested to and signed[, and notarized];**

2. The appropriate licensure fee pursuant to 20 CSR 2063-1.015;

3. A completed transcript from an accredited educational institution of all coursework with evidence of completion of a graduate degree in behavior analysis;

4. Documentation of the applicant's Behavior Analyst Certification Board (BACB) eligibility if requested;

[3.]5. One (1) recent photograph, pursuant to section 337.315.1, RSMo, of the applicant's head and shoulders (commonly known as passport style) that fairly depicts the applicant's appearance;

[4.]6. Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and FBI fingerprint background check. Any fees due for fingerprint background checks shall be paid by the applicant; and

[5.]7. Proof the applicant will be directly supervised by a licensed behavior analyst on a form provided by the board.

(B) As set forth in section 337.315.5(3), RSMo, applicants may seek a variance to requirement of a maximum issuance of two (2) years due to vacations, illness, pregnancy, and other good causes at the discretion of the board. The applicant shall submit the request for variance in writing to the board prior to the expiration of the provisional license and provide supporting documentation. Variances will be handled on a case-by-case basis at the discretion of the board.

AUTHORITY: sections 337.050 and 337.315, RSMo Supp. [2022] 2025. Emergency rule filed Nov. 30, 2010, effective Dec. 10, 2010, expired June 7, 2011. Original rule filed Nov. 30, 2010, effective May 30, 2011. Amended: Filed May 22, 2013, effective Nov. 30, 2013. Amended: Filed Oct. 3, 2022, effective March 30, 2023. Amended: Filed Feb. 19, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately one thousand eight hundred dollars (\$1,800) annually for the life of the rule.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the

*Behavior Analyst Advisory Board, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-0661, or via email at scop@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2063—Behavior Analyst Advisory Board
Chapter 2—Licensure Requirements
Proposed Amendment to 20 CSR 2063-2.005 Application for Licensure

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
120	Transcript (Fee @ \$15)	\$1,800
	Estimated Annual Cost of Compliance for the Life of the Rule	\$1,800

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board estimates that they receive 120 applicants annually will need to submit a transcript

Note: The division is statutorily obligated to enforce and administer the provisions of sections 337.300 to 337.347, RSMo. Pursuant to section 337.310, RSMo, the board shall by rule and regulation set the amount of fees authorized by section 337.310, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the division for administering the provisions of sections 337.300 to 337.347, RSMo.

**TITLE 20 – DEPARTMENT OF COMMERCE
AND INSURANCE
Division 2145 – Missouri Board of Geologist
Registration
Chapter 1 – General Rules**

PROPOSED AMENDMENT

20 CSR 2145-1.040 Fees. The board is amending subsection (1) (F).

PURPOSE: This amendment increases the renewal fee.

(1) The following fees are established by the Board of Geologist Registration and are payable in the form of a cashier's check, personal check, or money order:

(F) License Renewal ~~[\$160]~~\$ 200

AUTHORITY: section 256.462, RSMo Supp. [2024] 2025, and section 256.465.2., RSMo 2016. This rule originally filed as 4 CSR 145-1.040. Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 19, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately twenty-six thousand dollars (\$26,000) biennially for the life of the rule.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Geologist Registration, PO Box 1335, Jefferson City, MO 65102-1335, by facsimile at (573) 526-0661, or via email at geology@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2145—Missouri Board of Geologist Registration
Chapter 1 - General Rules
Proposed Amendment to 20 CSR 2145-1.040 Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
650	Renewal Fee (Fee Increase @ \$40)	\$26,000
	Estimated Cost Beginning in FY27 and Biennially Thereafter	\$26,000

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five (5) year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five (5) year analysis, the board voted to increase fees.
2. Actual revenue increases may vary based on renewal applications received.
3. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

Note: The board is statutorily obligated to enforce and administer the provisions of sections 256.450 to 256.483, RSMo. Pursuant to section 256.465, RSMo, the board shall by rule and regulation set the amount of fees authorized by section 256.465, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the division for administering the provisions of sections 256.450 to 256.483, RSMo.

**TITLE 20 – DEPARTMENT OF COMMERCE AND
INSURANCE****Division 2205 – Missouri Board of Occupational
Therapy****Chapter 1 – General Rules****PROPOSED AMENDMENT**

20 CSR 2205-1.050 Fees. The board is amending section (1) and replacing section (2).

PURPOSE: This amendment increases the application and renewal fees and clarifies the fee for a compact application.

(1) The Division of Professional Registration establishes the following fees, which are nonrefundable:

(A) Application for Licensure as an Occupational Therapist Fee	[\$30.00] \$40
(B) Application for Licensure as an Occupational Therapy Assistant Fee	[\$10.00] \$20
(C) Application for Limited Permit Fee	[\$10.00] \$20
(D) Biennial Occupational Therapist License Renewal Fee	[\$30.00] \$40
(E) Biennial Occupational Therapy Assistant License Renewal Fee	[\$10.00] \$20
(F) Late Renewal Penalty Fee	\$30[.00]
(G) Biennial Inactive Occupational Therapist License Renewal Fee	[\$18.00] \$28
(H) Biennial Inactive Occupational Therapy Assistant License Renewal Fee	[\$15.00] \$25
(I) Endorsement Verification to Another Jurisdiction Fee	\$10[.00]
(J) Duplicate License/Limited Permit Fee	\$10[.00]
(K) Replacement Wall-Hanging Fee	\$15[.00]
(L) Return Check Fee Charge	\$25[.00]

[(2) To ensure compliance with section 324.074, RSMo, the following renewal fees shall be effective from March 1, 2017 to June 30, 2017:

(A) Biennial Occupational Therapist Renewal Fee	\$5.00
(B) Biennial Occupational Therapy Assistant Renewal Fee	\$5.00
(C) Biennial Inactive Assistant Renewal Fee Occupational Therapist License Renewal Fee	\$5.00
(D) Biennial Inactive Occupational Therapy Assistant License Renewal Fee	\$5.00]

(2) Applicants for a Missouri Compact privilege will be required to pay the application fee as established in this regulation.

*AUTHORITY: [section 324.074, RSMo 2000, and] sections 324.065, [and] 324.068, and 324.074, RSMo [Supp. 2013] 2016. This rule originally filed as 4 CSR 205-1.050. Original rule filed Aug. 4, 1998, effective Dec. 30, 1998. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 19, 2026.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately three thousand nine hundred ninety dollars (\$3,990) annually and sixty-three thousand four hundred ninety dollars (\$63,490) for the life of the rule.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Vanessa Beauchamp, Executive Director, State Board of Occupational Therapy, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-3489, or via email at ot@pr.mo.gov. To be considered, comments must be received within thirty days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2205—Missouri Board of Occupational Therapy
Chapter 1 - General Rules
Proposed Amendment to 20 CSR 2205-1.050 Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
158	Occupational Therapist Application (Fee Increase @ \$10)	\$1,580
10	Occupational Therapist Compact Application (Fee @ \$40)	\$400
78	Occupational Therapist Assistant Application (Fee Increase @ \$10)	\$780
10	Occupational Therapist Assistant Compact Application (Fee @ 20)	\$200
103	Limited Permit Application (Fee Increase @ \$10)	\$1,030
	Estimated Cost Beginning in FY27 and Annually Thereafter	\$3,990

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
4,293	Occupational Therapist Renewal (Fee Increase @ \$10)	\$42,930
1,930	Occupational Therapist Assistant Renewal (Fee Increase @ \$10)	\$19,300
81	Occupational Therapist Inactive Renewal (Fee Increase @ \$10)	\$810
45	Occupational Therapist Assistant Inactive (Fee Increase @ \$10)	\$450
	Estimated Cost Beginning in FY27 and Biennially Thereafter	\$63,490

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The fiscal note number of licensees is based upon board estimates.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five (5) year analysis, the board voted to increase application and renewal fees.

Note: The division is statutorily obligated to enforce and administer the provisions of sections 324.050 to 324.089, RSMo. Pursuant to section 324.065, RSMo, the board shall by rule and regulation set the amount of fees authorized by section 324.065, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the division for administering the provisions of sections 324.050 to 324.089, RSMo.

**TITLE 20 – DEPARTMENT OF COMMERCE
AND INSURANCE
Division 2220 – State Board of Pharmacy
Chapter 2 – General Rules**

PROPOSED RULE

20 CSR 2220-2.197 Prescription Dispensing During a Pharmacist Temporary Absence

PURPOSE: This rule establishes requirements for dispensing prescriptions when a pharmacist is temporarily absent from a pharmacy.

(1) Notwithstanding any other provision of law, a pharmacist in his/her professional judgment may authorize a pharmacy technician or intern pharmacist to provide a new or refill prescription/medication order to a patient or the patient's authorized designee when a pharmacist is temporarily absent from the pharmacy if –

(A) The pharmacy has written policies and procedures authorizing prescription dispensing during a temporary absence that comply with section (3) of this rule;

(B) The pharmacist reasonably believes pharmacy security and security of medication inventory will be maintained in his or her absence;

(C) The prescription/medication order is completed, labeled, sealed, and verified by a pharmacist or verified as authorized by law. No manual intervention with the prescription/medication order may occur after the pharmacist verification required by this rule. For purposes of this section, manual intervention does not include preparing a finished prescription for mailing, delivery, or storage;

(D) The patient must be offered patient counseling as required by 20 CSR 2220-2.190. If the patient declines patient counseling, the refusal of counseling must be manually or electronically documented in the pharmacy's prescription records. If the patient requests counseling, the patient must be asked to wait for the pharmacist to return from break or asked to leave a telephone number for the pharmacist to contact the patient. A pharmacist must promptly call the patient at the provided telephone number to offer counseling, but in no event later than twenty-four (24) hours after dispensing. In the event of an emergency, a pharmacist must call the patient to offer counseling as soon as reasonably practicable;

(E) The pharmacist on duty must have authority to restrict the sale/dispensing of a prescription/medication order during the pharmacist's temporary absence if deemed necessary or appropriate in the pharmacist's professional judgment; and

(F) Counseling must be provided for Class R Remote Dispensing site pharmacies as provided in section 338.215, RSMo, and 20 CSR 2220-2.680.

(2) A pharmacist shall be considered to be temporarily absent from the prescription department if the pharmacist is not within the confines of the permitted pharmacy/confines of the dispensing area. An authorized temporary absence under this rule shall not exceed more than sixty (60) minutes in a rolling twelve- (12-) hour period, provided a permit holder may establish a shorter authorized time period if deemed necessary or appropriate. The no pharmacist on duty sign required by 20 CSR 2220-2.010 must be posted during the pharmacist's temporary absence.

(3) Pharmacies must have current and documented policies

and procedures governing authorized activities, including but not limited to –

(A) Authorized dispensing;

(B) Security requirements;

(C) Restricting sale/dispensing of a prescription/medication order if deemed necessary or appropriate by a pharmacist;

(D) Staff training;

(E) Offering and documenting patient counseling and pharmacist telephone contact requirements; and

(F) Contacting a pharmacist in the event of an emergency or when necessary or appropriate.

AUTHORITY: sections 338.085, 338.200, 338.280, 338.350, and 338.400, RSMo 2016, and sections 338.140 and 338.210, RSMo Supp. 2025. Original rule filed: Feb. 26, 2026.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**TITLE 20 – DEPARTMENT OF COMMERCE
AND INSURANCE
Division 2232 – Missouri State Committee of
Interpreters
Chapter 1 – General Rules**

PROPOSED AMENDMENT

20 CSR 2232-1.040 Fees. The committee is amending subsection (1)(B).

PURPOSE: This amendment changes the renewal fee.

(1) The following fees are established and are payable in the form of a cashier's check, personal check, or money order:

(B) Annual License Renewal [§ 80] \$100

AUTHORITY: section 209.328.2(2), RSMo 2016, and section 43.543, RSMo Supp. [2024] 2025. This rule originally filed as 4 CSR 232-1.040. Original rule filed Feb. 18, 1999, effective July 30, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 19, 2026.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately sixteen thousand six hundred dollars (\$16,600) annually for the life of the rule.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in

*support of or in opposition to this proposed amendment with the Missouri State Committee of Interpreters, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax (573) 526-0661, or via email at interpreters@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2232—Missouri State Committee of Interpreters
Chapter 1 - General Rules
Proposed Amendment to 20 CSR 2232-1.040 Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
830	Annual License Renewal (Fee increase @ \$20	\$16,600
	Estimated Cost Beginning in FY27 and Annually Thereafter	\$16,600

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board estimates that they receive 830 renewal applicants annually.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five (5) year analysis, the board voted to increase the renewal fee.

Note: The division is statutorily obligated to enforce and administer the provisions of sections 209.319 to 209.339, RSMo. Pursuant to section 209.328, RSMo, the board shall by rule and regulation set the amount of fees.

TITLE 20 – DEPARTMENT OF COMMERCE
AND INSURANCEDivision 2235 – State Committee of Psychologists
Chapter 1 – General Rules

PROPOSED AMENDMENT

20 CSR 2235-1.020 Fees. The board is amending subsections (1) (B) and (C).

PURPOSE: This amendment increases the oral exam and the jurisprudence exam fees.

(1) The following fees are established for the State Committee of Psychologists and are payable to the State Committee of Psychologists:

(B) Oral Examination	[\$ 50.00] \$ 75.00
(C) Jurisprudence Examination	[\$ 50.00] \$ 75.00

*AUTHORITY: sections 337.030 and 337.050, RSMo Supp. [2023] 2025. This rule originally filed as 4 CSR 235-1.020. Emergency rule filed Dec. 9, 1981, effective Jan. 11, 1982, expired April 4, 1982. Original rule filed Dec. 9, 1981, effective April 4, 1982. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 19, 2026.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities approximately three thousand six hundred twenty-five dollars (\$3,625) annually for the life of the rule.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Psychologists, PO Box 1335, Jefferson City, MO 65102, by facsimile at (573) 526-0661, or via email at scop@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Commerce and Insurance
Division 2235—State Committee of Psychologists
Chapter 1 - General Rules
Proposed Amendment to 20 CSR 2235-1.020 Fees

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated costs for the life of the rule by affected entities:
55	Oral Examination (Fee Increase @ \$25)	\$1,375
90	Jurisprudence Examination (Fee Increase @ \$25)	\$2,250
	Estimated Cost Beginning in FY26 and Annually Thereafter	\$3,625

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The board estimates that they receive ninety applicants annually to take the jurisprudence exam and the oral exam.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five (5) year analysis, the board voted to increase the jurisprudence exam and oral exam fees.

Note: The division is statutorily obligated to enforce and administer the provisions of sections 337.010 to 337.093, RSMo. Pursuant to section 337.030, RSMo, the board shall by rule and regulation set the amount of fees authorized by section 337.030, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the division for administering the provisions of sections 337.010 to 337.093, RSMo.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 23 – Motor Vehicle**

ORDER OF RULEMAKING

By the authority vested in the Department of Revenue under sections 26.140, 301.135, and 301.144, RSMo 2016, the department rescinds a rule as follows:

12 CSR 10-23.350 Honorary Consular License Plates is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 2, 2026 (51 MoReg 23). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 110 – Sales/Use Tax – Exemptions**

ORDER OF RULEMAKING

By the authority vested in the Department of Revenue under section 144.270, RSMo 2016, and section 144.054, RSMo Supp. 2025, the department amends a rule as follows:

12 CSR 10-110.601 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 17, 2025 (50 MoReg 1649-1650). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: Three (3) comments were received.

COMMENT #1: Ray McCarty of Associated Industries of Missouri expressed concern with the title of the rule not being inclusive of the different items covered by this rule. Additionally, he expressed concern with the cable television language and the department is addressing that issue in comment #3. He also expressed concern about the interpretation of a court decision and its implications.

RESPONSE AND EXPLANATION OF CHANGE: The department does not plan to amend the rule to address any court decisions that are not relevant to the matter of energy. However, the department does concur in modifying the title of the rule to the following.

COMMENT #2: Karin Burton of the Missouri Manufacturing Housing Association stated that the use of the term “mobile home” in subsection (5)(G) is not proper terminology for the current industry standards and recommended it be changed to “manufactured home.”

RESPONSE AND EXPLANATION OF CHANGE: The department concurred with making that change in subsection (5)(G).

COMMENT #3: Angie Schulte of the Missouri Internet & Television Association suggested that language be added that clarified that the only energy that is exempt is that which is used solely to provide cable television service.

RESPONSE AND EXPLANATION OF CHANGE: The department concurred with making that change in subsection (6)(E).

12 CSR 10-110.601 Electrical, Other Energy, Chemicals, Machinery, Equipment, Materials, and Water as Defined in Section 144.054, RSMo, Exempt From Sales Tax When Used in Manufacturing

(5) Exempt Examples.

(G) A manufacturer builds manufactured homes in its factory. The manufacturer's purchases of energy sources, chemicals, machinery, equipment, and materials used or consumed in the manufacturing process are exempt from state and local sales and use tax.

(6) Taxable Examples.

(E) A cable television provider's purchase of energy is not exempt if the energy is used solely to provide cable television service. Therefore, all state and local taxes apply.

**TITLE 12 – DEPARTMENT OF REVENUE
Division 10 – Director of Revenue
Chapter 110 – Sales/Use Tax – Exemptions**

ORDER OF RULEMAKING

By the authority vested in the Department of Revenue under section 144.270, RSMo 2016, the department amends a rule as follows:

12 CSR 10-110.990 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 17, 2025 (50 MoReg 1653-1654). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment on the proposed amendment.

COMMENT #1: Ray McCarty, representing the Associated Industries of Missouri, expressed three (3) concerns with the rule. The first regarding the removal of language that is not consistent with statute. The second was in regard to the eighty percent (80%) rule and how it is applied. The third was about whether the establishment determines the tax.

RESPONSE AND EXPLANATION OF CHANGE: The department notes we are removing the language that is inconsistent with the statutes in our proposed amendment. The comment received proves that language is needed to bring more clarification of how the eighty percent (80%) rule is to be applied. Lastly, we note the new establishment language will show that the establishment selling the product itself does not determine the tax rate, but the products sold. The department is making a change as a result of this comment.

12 CSR 10-110.990 Tax – Sales of Food

(2) Basic Application of Rule.

(A) Sales of food subject to the reduced rate include food that qualifies under the Federal Food Stamp Program. This includes food or food products for home consumption and seeds and plants for use in gardens to produce foods for personal consumption. Alcoholic beverages, tobacco, and hot food items ready for immediate consumption do not qualify for the reduced rate. Food items qualify for the reduced rate, even if the purchaser elects to heat the item on the business' premises. Bakery items, even if still warm from baking, are qualified foods.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20 – Division of Community and Public Health

Chapter 80 – Coroner Standards and Training Commission

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 192.006, RSMo 2016, the department rescinds a rule as follows:

19 CSR 20-80.010 Training Standards Relating to the Office of the Coroner **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 1, 2025 (50 MoReg 1761-1762). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30 – Division of Regulation and Licensure Chapter 86 – Residential Care Facilities and Assisted Living Facilities

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 198.073 and 198.076, RSMo 2016, the department amends a rule as follows:

19 CSR 30-86.047 Administrative, Personnel, and Resident Care Requirements for Assisted Living Facilities **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2025 (50 MoReg 1762-1763). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held on January 6, 2026, and the public comment period ended December 31, 2025. At the public hearing, the Department of Health and Senior Services explained the proposed amendment and no comments were made. The Department of Health and Senior Services received twenty-three (23) comments via electronic mail correspondence on the proposed amendment.

COMMENT #1: Angie Wilson, Executive Director for Laclede Commons (EverTrue); Darla Shular, Human Resource Manager for Lutheran Senior Services at Breeze Park Skilled Nursing and Assisted Living (EverTrue); Chris Rehme, AL Nurse Manager for EverTrue; Gail Reece, Director of Health Service for EverTrue; Holly Stevens, Administrator for Lutheran Senior Services at Breeze Park Skilled Nursing and Assisted Living (EverTrue); Jason Alexander, Director of Facilities for Laclede Groves Assisted Living and Independent Living (EverTrue); Jennifer Gonzalez, Social Service Coordinator for Lutheran Senior Services at Breeze Park Skilled Nursing and Assisted Living (EverTrue); Kandice Westhoff, L.P.N., Director of Health Services for Laclede Commons (EverTrue); Kristina Wille, Director of Community Enrichment for Laclede Groves Assisted Living and Independent Living (EverTrue); Julia Buchler, Executive Director for Mason Pointe Care Center (EverTrue); Michele Reynolds, R.N., M.H.A., Community Clinical Educator for Lutheran Senior Services at Breeze Park Skilled Nursing and Assisted Living (EverTrue); Michelle Szydolowski, Administrator for Independent Living Laclede Groves (EverTrue); Mike Ott, Director of Dining Services for Lutheran Senior Services at Breeze Park Skilled Nursing and Assisted Living (EverTrue); Otha Thomas, L.P.N., Director of Health Services, ALMS for EverTrue;

Robin Garnett, M.H.A., L.N.H.A., Director of Educational Quality and Project Development Ministry Support for EverTrue; Stacy Deichmann, Human Resource Manager for Laclede Groves Assisted Living and Independent Living (EverTrue); Tammy Hempen, Executive Director for Lutheran Senior Services at Breeze Park Skilled Nursing and Assisted Living (EverTrue); Valerie Cooper, Vice President for Life Plan Communities Midwest Ministry Support (EverTrue); and Vickie Triplett, R.N., D.O.N. for Laclede Commons (EverTrue), commented their support for proposed amendment 19 CSR 30-86.047 to delete subsection (20)(I) pertaining to obtaining a written physician's statement for an employee's ability to work in a long-term care facility and that the removal will help maintain efficient staffing practices, reduce unnecessary financial strain, and support timely delivery of high quality care to residents.

RESPONSE: No changes were made as a result of this comment as it is in support of the department's proposed deletion of subsection (20)(I).

COMMENT #2: Shay Ochoa, L.P.N, Owner for Maplewood, Inc., commented the requirement for a written physician statement for employees in subsection 19 CSR 30-86.047(20) (I) should be removed as it seems unnecessary as no other profession requires this and she has never had a physician say that someone could not work for her. Many personal care aides do not have private insurance and the cost of a physician signature on this one sentence statement runs upward of one hundred twenty dollars (\$120).

RESPONSE: No changes were made as a result of this comment as it is in support of the department's proposed deletion of subsection (20)(I).

COMMENT #3: Rodney A. Harrison, President/CEO for Baptist Homes & Healthcare Ministries, commented he was against proposed changes to 19 CSR 30-86.047(20) as follows "The administrator shall maintain on the premises an individual personnel record on each facility employee, which shall include the following:" as the wording implies the information is maintained on a local computer or file and with cloud-based network computing it would be wise to say "The administration shall have immediate access to individual records on each facility employee...."

RESPONSE: The department concludes the current language is appropriate at this time as it does not prohibit the use of electronic records. No changes were made as a result of this comment.

COMMENT #4: Michael J. Henderson, J.D., Principal for Clarkston Nelson, LLC on behalf of Bristol Care, Inc., which operates approximately sixty (60) Residential Care Facilities (RCFs) and governed by 19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities, requested that the proposed amendments made to 19 CSR 30-86.047 also be made to 19 CSR 30-86.042 because many of the provisions at 19 CSR 30-86.042 governing RCFs are the same or substantially similar to the provisions at 19 CSR 30-86.047 governing Assisted Living Facilities (ALFs). The provisions of 19 CSR 30-86.042 relating to criminal background checks, the employee disqualification list check, the department's website for CNA registry, and the removal of the requirement for a written statement from a licensed physician are the same or substantially similar to the provisions of 19 CSR 30-86.047 relating to the same.

RESPONSE: No changes were made as a result of this comment because 19 CSR 30-86.042 is not part of the proposed amendment.

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 2117 – Office of Statewide Electrical Contractors

Chapter 2 – Licensure Requirements

ORDER OF RULEMAKING

By the authority vested in the Office of Statewide Electrical Contractors under section 324.910, RSMo Supp. 2025, the office rescinds a rule as follows:

20 CSR 2117-2.080 Issuance of Temporary Courtesy License to Nonresident Military Spouse **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1849). No changes have been made to the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE PLAN

Division 10 – Health Care Plan Chapter 2 – State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under sections 103.059 and 103.080.3, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.053 Health Savings Account Plan Benefit Provisions and Covered Charges **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1850). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE PLAN

Division 10 – Health Care Plan Chapter 2 – State Membership

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.075 Review and Appeals Procedure **is amended.**

A notice of proposed rulemaking containing the text of the

proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1850-1852). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE
PLAN**

**Division 10 – Health Care Plan
Chapter 2 – State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1852-1853). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE
PLAN**

**Division 10 – Health Care Plan
Chapter 2 – State Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-2.090 Pharmacy Benefit Summary **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1853-1854). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE
PLAN**

**Division 10 – Health Care Plan
Chapter 3 – Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under sections 103.059 and 103.080.3, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.055 Health Savings Account Plan Benefit Provisions and Covered Charges **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1854). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE
PLAN**

**Division 10 – Health Care Plan
Chapter 3 – Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.075 Review and Appeals Procedure **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1854-1856). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE
PLAN**

**Division 10 – Health Care Plan
Chapter 3 – Public Entity Membership**

ORDER OF RULEMAKING

By the authority vested in the Missouri Consolidated Health Care Plan under section 103.059, RSMo 2016, the executive director amends a rule as follows:

22 CSR 10-3.090 Pharmacy Benefit Summary **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 15, 2025 (50 MoReg 1856-1858). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**TITLE 23 – MISSOURI DEPARTMENT OF THE NATIONAL
GUARD**

Division 10 – National Guard

**Chapter 3 – National Guard Member Educational
Assistance Program**

ORDER OF RULEMAKING

By the authority vested in the Missouri National Guard under section 173.239, RSMo Supp. 2025, the department amends a rule as follows:

23 CSR 10-3.015 State Sponsored Missouri National Guard Member Educational Assistance Program is **amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2025 (50 MoReg 1767-1770). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in an editable electronic file manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST HAWK ISLAND, LLC

On February 18, 2026, Hawk Island, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of February 18, 2026. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to –

Schormann Law Firm, LLC
One Mid Rivers Mall Drive, Suite 256
St. Peters, MO 63376

All claims must include –

- 1) The name, address, and telephone number of the claimant;
- 2) The amount claimed;
- 3) The basis of the claim;
- 4) The date(s) on which the events occurred which provided the basis for the claim; and
- 5) Copies of any other supporting data.

Any claim against Hawk Island, LLC, will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS AGAINST CHESTNUT RIDGE CT, LLC

On February 18, 2026, Chestnut Ridge Ct, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of February 18, 2026. Said company requests that all persons and organizations who have claims against it present such claims immediately in writing to –

Schormann Law Firm, LLC
One Mid Rivers Mall Drive, Suite 256
St. Peters, MO 63376

All claims must include –

- 1) The name, address, and telephone number of the claimant;
- 2) The amount claimed;
- 3) The basis of the claim;
- 4) The date(s) on which the events occurred which provided the basis for the claim; and
- 5) Copies of any other supporting data.

Any claim against Chestnut Ridge Ct, LLC, will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP FOR MVR LINCOLN FARM, LLC

On February 19, 2026, MVR Lincoln Farm, LLC, a Missouri limited liability company (the “Company”), filed its Notice of Winding Up with the Missouri Secretary of State. All persons and organizations with claims against the Company must submit a written summary of any claims against the Company to –

MVR Lincoln Farm, LLC
c/o The Law Office Of Jesse A. Granneman, LLC
20 Manor Drive
PO Box 250
Troy, MO 63379

A summary shall include –

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date(s) the claim accrued;
- 4) A brief description of the nature and basis for the claim; and
- 5) Any documentation of the claim.

Claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP TO ALL CREDITORS AND CLAIMANTS OF PAIN AND REHABILITATION SPECIALISTS OF ST. LOUIS, LLC

On February 19, 2026, Pain And Rehabilitation Specialists Of St. Louis, LLC, a Missouri Limited Liability Company, filed its Notice of Winding Up with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against Pain and

Rehabilitation Specialists of St. Louis, LLC, you must submit a summary in writing of the circumstances surrounding your claim to Pain And Rehabilitation Specialists of St. Louis, LLC at the following address:

Pain and Rehabilitation Specialists of St. Louis, LLC
c/o Stuart J. Vogelsmeier, Esq.
Lashly & Baer, P.C.
714 Locust Street
St. Louis, MO 63101

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred;
- 4) A brief description of the nature of the claim or the basis for the claim; and
- 5) The documentation in support of the claim.

All claims against Pain and Rehabilitation Specialists of St. Louis, LLC, will be barred unless the proceeding to enforce the claim is commenced within three (3) after the publication of this notice.

NOTICE OF DISSOLUTION TO CREDITORS OF AND CLAIMANTS AGAINST BROKEN ARROW HOMES, LLC

On January 23, 2026, Broken Arrow Homes, LLC, a Missouri limited liability company, filed its Notice of Winding Up for a limited liability company with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against Broken Arrow Homes, LLC, you must submit a summary in writing of the circumstances surrounding your claim to –

The Williams Law Firm
Attn: Bryce D. Moore
16533 North State Highway 5
Sunrise Beach, MO 65079

The summary of your claim must contain the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against Broken Arrow Homes, LLC, will be barred unless the proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST CAPITOL AUTOMOTIVE, INC

On November 26, 2025, Capitol Automotive, Inc., was administratively dissolved or revoked under the provisions of section 351.486 or section 351.602, RSMo. You are hereby notified that if you believe you have a claim against Capitol Automotive, Inc., you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

Capitol Automotive, Inc
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against Capitol Automotive, Inc., will be barred unless the proceeding to enforce the claim commences within two (2) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST DDM INVESTMENTS, INC

On November 6, 2023, DDM Investments, Inc., was administratively dissolved or revoked under the provisions of section 351.486 or section 351.602, RSMo. You are hereby notified that if you believe you have a claim against DDM Investments, Inc., you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

DDM Investments, Inc
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against DDM Investments, Inc., will be barred unless the proceeding to enforce the claim commences within two (2) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST DDM LIQUIDATION II, LLC

On December 29, 2025, DDM Liquidation II, LLC, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State and on December 29, 2025, filed its Articles of Termination with the Missouri Secretary of State. The dissolution was effective December 29, 2025. You are hereby notified that if you believe you have a claim against DDM Liquidation II, LLC, you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

DDM Liquidation II, LLC
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against DDM Liquidation II, LLC, will be barred unless the proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST DDM LIQUIDATION, LLC

On December 29, 2025, DDM Liquidation, LLC, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State and on December 29, 2025, filed its Articles of Termination with the Missouri Secretary of State. The dissolution was effective December 29, 2025. You are hereby notified that if you believe you have a claim against DDM Liquidation, LLC, you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

DDM Liquidation, LLC
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against DDM Liquidation, LLC, will be barred unless the proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST NEW STANDARD EXCAVATING, LLC

On December 29, 2025, New Standard Excavating, LLC, filed its Notice of Winding Up for Limited Liability Company and its Articles of Termination with the Missouri Secretary of State. The dissolution was effective December 29, 2025. You are hereby notified that if you believe you have a claim against New Standard Excavating, LLC, you must submit a summary in writing of the circumstances surrounding your claim to the limited liability company at the following address:

New Standard Excavating, LLC
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against New Standard Excavating, LLC, will be barred unless the proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST RENT-N-GO AUTOS OF COLUMBIA, LLC

On December 29, 2025, Rent-N-Go Autos of Columbia, LLC, filed its Notice of Winding Up for Limited Liability Company and its Articles of Termination with the Missouri Secretary of State. The dissolution was effective December 29, 2025. You are hereby notified that if you believe you have a claim against Rent-N-Go Autos of Columbia LLC, you must submit a summary in writing of the circumstances surrounding your claim to the limited liability company at the following address:

Rent-N-Go Autos of Columbia, LLC
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against Rent-N-Go Autos of Columbia, LLC, will be barred unless the proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST RENT-N-GO AUTOS OF JEFFERSON CITY, LLC

On December 29, 2025, Rent-N-Go Autos of Jefferson City, LLC, filed its Notice of Winding Up for Limited Liability Company and its Articles of Termination with the Missouri Secretary of State. The dissolution was effective December 29, 2025. You are hereby notified that if you believe you have a claim against Rent-N-Go Autos of Jefferson City, LLC, you must submit a summary in writing of the circumstances surrounding your claim to the limited liability company at the following address:

Rent-N-Go Autos of Jefferson City, LLC
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against Rent-N-Go Autos of Jefferson City, LLC, will be barred unless the proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST RNG HOLDING COMPANY, LLC

On December 29, 2025, RNG Holding Company, LLC, filed its Notice of Winding Up for Limited Liability Company and its Articles of Termination with the Missouri Secretary of State. The dissolution was effective December 29, 2025. You are hereby notified that if you believe you have a claim against RNG Holding Company, LLC, you must submit a summary in writing of the circumstances surrounding your claim to the limited liability company at the following address:

RNG Holding Company, LLC
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against RNG Holding Company, LLC, will be barred unless the proceeding to enforce the claim commences within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST UNIVERSITY ACQUISITION CORP.

On August 19, 2019, University Acquisition Corp. was administratively dissolved or revoked under the provisions of section 351.486 or section 351.602, RSMo. You are hereby notified that if you believe you have a claim against University Acquisition Corp., you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

University Acquisition Corp.
cc/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against University Acquisition Corp. will be barred unless the proceeding to enforce the claim commences within two (2) years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST UNIVERSITY CHRYSLER CENTER, INC

On November 25, 2024, University Chrysler Center, Inc., was administratively dissolved or revoked under the provisions of section 351.486 or section 351.602, RSMo. You are hereby notified that if you believe you have a claim against University Chrysler Center, Inc., you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

University Chrysler Center, Inc
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against University Chrysler Center, Inc., will be barred unless the proceeding to enforce the claim commences within two (2) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST UNIVERSITY SUBARU, INC

On October 14, 2025, University Subaru, Inc., was administratively dissolved or revoked under the provisions of section 351.486 or section 351.602, RSMo. You are hereby notified that if you believe you have a claim against University Subaru, Inc., you must submit a summary in writing of the circumstances surrounding your claim to the corporation at the following address:

University Subaru, Inc
c/o Casey E. Elliott
Van Matre Law Firm, P.C.
1103 East Broadway
Columbia, MO 65201

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against University Subaru, Inc., will be barred unless the proceeding to enforce the claim commences within two (2) years after the publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 50 (2025) and 51 (2026). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
OFFICE OF ADMINISTRATION					
1 CSR	Notice of Periodic Rule Review				50 MoReg 960
1 CSR 10	State Officials' Salary Compensation Schedule				51 MoReg 371
DEPARTMENT OF AGRICULTURE					
2 CSR	Notice of Periodic Rule Review				50 MoReg 960
2 CSR 30-10.010	Animal Health	51 MoReg 187	51 MoReg 191		
2 CSR 60-5.020	Grain Inspection and Warehousing		51 MoReg 300		
2 CSR 80-5.010	State Milk Board		50 MoReg 1631		
2 CSR 80-6.055	State Milk Board		50 MoReg 1746		
2 CSR 90	Weights, Measures and Consumer Protection				50 MoReg 718
2 CSR 90-10.011	Weights, Measures and Consumer Protection		51 MoReg 300		
2 CSR 90-10.012	Weights, Measures and Consumer Protection		51 MoReg 301		
2 CSR 90-10.140	Weights, Measures and Consumer Protection		51 MoReg 301		
DEPARTMENT OF CONSERVATION					
3 CSR	Notice of Periodic Rule Review				50 MoReg 960
3 CSR 10-4.111	Conservation Commission		50 MoReg 1631	51 MoReg 408	
3 CSR 10-4.200	Conservation Commission		51 MoReg 60R 51 MoReg 60		
3 CSR 10-5.215	Conservation Commission		51 MoReg 395		
3 CSR 10-6.505	Conservation Commission		50 MoReg 1632	51 MoReg 408	
3 CSR 10-6.540	Conservation Commission		50 MoReg 1632	51 MoReg 408	
3 CSR 10-7.405	Conservation Commission		51 MoReg 395		
3 CSR 10-7.410	Conservation Commission		51 MoReg 61		
3 CSR 10-7.431	Conservation Commission		51 MoReg 61		
3 CSR 10-7.432	Conservation Commission		51 MoReg 62		
3 CSR 10-7.433	Conservation Commission		51 MoReg 62		
3 CSR 10-7.435	Conservation Commission		51 MoReg 63R		
3 CSR 10-7.439	Conservation Commission		51 MoReg 63		
3 CSR 10-7.450	Conservation Commission		51 MoReg 63		
3 CSR 10-7.455	Conservation Commission				
3 CSR 10-9.360	Conservation Commission		50 MoReg 1632	51 MoReg 409	
3 CSR 10-9.565	Conservation Commission		50 MoReg 1747	51 MoReg 409	
3 CSR 10-11.115	Conservation Commission		51 MoReg 396		
3 CSR 10-11.125	Conservation Commission		50 MoReg 1633	51 MoReg 409	
3 CSR 10-11.155	Conservation Commission		50 MoReg 1634	51 MoReg 409	
3 CSR 10-11.180	Conservation Commission		50 MoReg 1636	51 MoReg 410	
3 CSR 10-11.186	Conservation Commission		51 MoReg 396		
3 CSR 10-12.110	Conservation Commission		50 MoReg 1636 This Issue	51 MoReg 410	
3 CSR 10-12.115	Conservation Commission		50 MoReg 1637	51 MoReg 410	
3 CSR 10-12.125	Conservation Commission		50 MoReg 1638	51 MoReg 410	
3 CSR 10-12.130	Conservation Commission		51 MoReg 397		
3 CSR 10-12.135	Conservation Commission		50 MoReg 1639	51 MoReg 410	
3 CSR 10-12.140	Conservation Commission		50 MoReg 1639	51 MoReg 411	
3 CSR 10-12.145	Conservation Commission		50 MoReg 1639	51 MoReg 411	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR	Notice of Periodic Rule Review				50 MoReg 960
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR	Notice of Periodic Rule Review				50 MoReg 960
5 CSR 20-100.130	Division of Learning Services		50 MoReg 1533		
5 CSR 20-300.110	Division of Learning Services	50 MoReg 1529	50 MoReg 1533 51 MoReg 343	51 MoReg 315	
5 CSR 20-400.540	Division of Learning Services		51 MoReg 7		
5 CSR 20-400.560	Division of Learning Services		50 MoReg 1749		
5 CSR 20-500.140	Division of Learning Services		51 MoReg 64		
5 CSR 20-500.370	Division of Learning Services		51 MoReg 64		
DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT					
6 CSR	Notice of Periodic Rule Review				50 MoReg 960
6 CSR 10-2.220	Commissioner of Education		51 MoReg 67		
6 CSR 10-5.010	Commissioner of Education		51 MoReg 71		
MISSOURI DEPARTMENT OF TRANSPORTATION					
7 CSR 10-10.010	Missouri Highways and Transportation Commission		51 MoReg 397		
7 CSR 10-10.020	Missouri Highways and Transportation Commission		51 MoReg 399		
7 CSR 10-10.030	Missouri Highways and Transportation Commission		51 MoReg 399R		
7 CSR 10-10.040	Missouri Highways and Transportation Commission		51 MoReg 399R		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
7 CSR 10-10.050	Missouri Highways and Transportation Commission		51 MoReg 400R		
7 CSR 10-10.060	Missouri Highways and Transportation Commission		51 MoReg 400R		
7 CSR 10-10.070	Missouri Highways and Transportation Commission		51 MoReg 400R		
7 CSR 10-10.080	Missouri Highways and Transportation Commission		51 MoReg 401R		
7 CSR 10-10.090	Missouri Highways and Transportation Commission		51 MoReg 401		
7 CSR 10-11.020	Missouri Highways and Transportation Commission		50 MoReg 1814		
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
DEPARTMENT OF MENTAL HEALTH					
9 CSR 30-3.132	Certification Standards		50 MoReg 1318	51 MoReg 213	
9 CSR 30-6.010	Certification Standards		50 MoReg 1640	51 MoReg 411	
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-6.025	Air Conservation Commission		50 MoReg 1814		
10 CSR 10-6.060	Air Conservation Commission		50 MoReg 1817		
10 CSR 10-6.062	Air Conservation Commission		50 MoReg 1822		
10 CSR 10-6.065	Air Conservation Commission		50 MoReg 1823		
10 CSR 10-6.110	Air Conservation Commission		50 MoReg 1831		
10 CSR 10-6.241	Air Conservation Commission		50 MoReg 1834		
10 CSR 10-6.250	Air Conservation Commission		50 MoReg 1836		
10 CSR 10-6.255	Air Conservation Commission		50 MoReg 1838		
10 CSR 20-6.010	Clean Water Commission		51 MoReg 12		
10 CSR 23-2.010	Well Installation		51 MoReg 302		51 MoReg 370
10 CSR 25-7	Hazardous Waste Management Commission				50 MoReg 718
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 70-2.080	Division of Alcohol and Tobacco Control		51 MoReg 20		
11 CSR 70-2.100	Division of Alcohol and Tobacco Control	51 MoReg 5	51 MoReg 21		
DEPARTMENT OF REVENUE					
12 CSR 10-2.010	Director of Revenue		50 MoReg 1839	51 MoReg 411	
12 CSR 10-2.015	Director of Revenue		50 MoReg 1752	51 MoReg 356	
12 CSR 10-2.045	Director of Revenue		50 MoReg 1753	51 MoReg 356	
12 CSR 10-23.350	Director of Revenue		51 MoReg 23R	This Issue R	
12 CSR 10-26.230	Director of Revenue	51 MoReg 393	51 MoReg 401		
12 CSR 10-26.231	Director of Revenue	51 MoReg 394	51 MoReg 402		
12 CSR 10-41.010	Director of Revenue	50 MoReg 1743	50 MoReg 1761	51 MoReg 356	
12 CSR 10-102.016	Director of Revenue		50 MoReg 1648	51 MoReg 411	
12 CSR 10-103.381	Director of Revenue		50 MoReg 1648R	51 MoReg 356R	
12 CSR 10-110.201	Director of Revenue		50 MoReg 1649R	51 MoReg 357R	
12 CSR 10-110.601	Director of Revenue		50 MoReg 1649	This Issue	
12 CSR 10-110.621	Director of Revenue		50 MoReg 1650R	51 MoReg 357R	
12 CSR 10-110.900	Director of Revenue		50 MoReg 1651	51 MoReg 357	
12 CSR 10-110.990	Director of Revenue		50 MoReg 1653	This Issue	
12 CSR 10-111.060	Director of Revenue		50 MoReg 1654	51 MoReg 357	
12 CSR 10-111.061	Director of Revenue		50 MoReg 1654	51 MoReg 358R	
12 CSR 10-112.300	Director of Revenue		50 MoReg 1343	51 MoReg 157	
12 CSR 30-4.010	State Tax Commission		51 MoReg 191		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 35-34.080	Children's Division	50 MoReg 1619R	50 MoReg 1655R	51 MoReg 358R	
13 CSR 35-60.010	Children's Division	50 MoReg 1619	50 MoReg 1655	51 MoReg 358	
13 CSR 40-91.020	Children's Division		50 MoReg 1656	51 MoReg 412	
13 CSR 70-2.100	MO HealthNet Division		51 MoReg 192		
13 CSR 70-4.120	MO HealthNet Division		This Issue		
13 CSR 70-6.020	MO HealthNet Division		51 MoReg 193		
13 CSR 70-10.020	MO HealthNet Division		51 MoReg 23	This Issue	
13 CSR 70-10.040	MO HealthNet Division		50 MoReg 1841	This Issue	
13 CSR 70-10.110	MO HealthNet Division	50 MoReg 1036	50 MoReg 1289	51 MoReg 213	
13 CSR 70-15.010	MO HealthNet Division	50 MoReg 1036	This Issue		
13 CSR 70-15.030	MO HealthNet Division		This Issue		
13 CSR 70-15.070	MO HealthNet Division	51 MoReg 187	51 MoReg 197		
13 CSR 70-15.230	MO HealthNet Division		50 MoReg 1344	51 MoReg 316	
13 CSR 70-25.110	MO HealthNet Division		51 MoReg 197		
13 CSR 70-94.030	MO HealthNet Division		This Issue		
13 CSR 70-98.015	MO HealthNet Division		51 MoReg 198		
ELECTED OFFICIALS					
RETIREMENT SYSTEMS					
16 CSR 10-3.010	The Public School Retirement System of Missouri		51 MoReg 343		
16 CSR 10-4.005	The Public School Retirement System of Missouri		51 MoReg 344		
16 CSR 10-4.014	The Public School Retirement System of Missouri		51 MoReg 344		
16 CSR 10-4.020	The Public School Retirement System of Missouri		51 MoReg 345R		
16 CSR 10-5.010	The Public School Retirement System of Missouri		51 MoReg 346		
16 CSR 10-5.020	The Public School Retirement System of Missouri		51 MoReg 346		
16 CSR 10-5.040	The Public School Retirement System of Missouri		51 MoReg 347		
16 CSR 10-5.050	The Public School Retirement System of Missouri		51 MoReg 348R		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
16 CSR 10-5.060	The Public School Retirement System of Missouri		51 MoReg 348R		
16 CSR 10-6.010	The Public School Retirement System of Missouri		51 MoReg 348		
16 CSR 10-6.020	The Public School Retirement System of Missouri		51 MoReg 349		
16 CSR 10-6.045	The Public School Retirement System of Missouri		51 MoReg 349		
16 CSR 10-6.050	The Public School Retirement System of Missouri		51 MoReg 351R		
16 CSR 10-6.060	The Public School Retirement System of Missouri		51 MoReg 351		
16 CSR 10-6.070	The Public School Retirement System of Missouri		51 MoReg 352		
16 CSR 50-1.010	The County Employees' Retirement Fund		50 MoReg 1662	51 MoReg 412	
16 CSR 50-1.030	The County Employees' Retirement Fund		50 MoReg 1663	51 MoReg 412	
16 CSR 50-2.010	The County Employees' Retirement Fund		50 MoReg 1663	51 MoReg 412	
16 CSR 50-2.035	The County Employees' Retirement Fund		50 MoReg 1664	51 MoReg 413	
16 CSR 50-2.050	The County Employees' Retirement Fund		50 MoReg 1664	51 MoReg 413	
16 CSR 50-2.080	The County Employees' Retirement Fund		50 MoReg 1665	51 MoReg 413	
16 CSR 50-2.090	The County Employees' Retirement Fund		50 MoReg 1665	51 MoReg 413	
16 CSR 50-2.120	The County Employees' Retirement Fund		50 MoReg 1666	51 MoReg 413	
16 CSR 50-3.010	The County Employees' Retirement Fund		50 MoReg 1666	51 MoReg 414	
16 CSR 50-10.050	The County Employees' Retirement Fund		50 MoReg 1667	51 MoReg 414	
16 CSR 50-10.070	The County Employees' Retirement Fund		50 MoReg 1668	51 MoReg 414	
16 CSR 50-20.020	The County Employees' Retirement Fund		50 MoReg 1668	51 MoReg 414	
16 CSR 50-20.030	The County Employees' Retirement Fund		50 MoReg 1669	51 MoReg 414	
16 CSR 50-20.050	The County Employees' Retirement Fund		50 MoReg 1669	51 MoReg 414	
16 CSR 50-20.120	The County Employees' Retirement Fund		50 MoReg 1670	51 MoReg 415	
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 20-80.010	Division of Community and Public Health		50 MoReg 1761R	This IssueR	
19 CSR 25-32.010	Missouri State Public Health Laboratory		50 MoReg 1762R		
19 CSR 30-1.002	Division of Regulation and Licensure	50 MoReg 1620	50 MoReg 1671	51 MoReg 415	
19 CSR 30-82.060	Division of Regulation and Licensure		50 MoReg 1347	51 MoReg 359	
19 CSR 30-86.042	Division of Regulation and Licensure		51 MoReg 353		
19 CSR 30-86.047	Division of Regulation and Licensure		50 MoReg 1762	This Issue	
19 CSR 30-100.020	Division of Regulation and Licensure		51 MoReg 79		
19 CSR 60-50	Missouri Health Facilities Review Committee				51 MoReg 317
19 CSR 60-50.300	Missouri Health Facilities Review Committee		50 MoReg 1348	51 MoReg 359	
19 CSR 60-50.400	Missouri Health Facilities Review Committee		50 MoReg 1349	51 MoReg 360	
19 CSR 60-50.410	Missouri Health Facilities Review Committee		50 MoReg 1350	51 MoReg 360	
19 CSR 60-50.420	Missouri Health Facilities Review Committee		50 MoReg 1356	51 MoReg 363Wd	
19 CSR 60-50.430	Missouri Health Facilities Review Committee		50 MoReg 1357	51 MoReg 363	
19 CSR 60-50.450	Missouri Health Facilities Review Committee		50 MoReg 1361	51 MoReg 367	
19 CSR 60-50.470	Missouri Health Facilities Review Committee		50 MoReg 1361	51 MoReg 367	
19 CSR 60-50.500	Missouri Health Facilities Review Committee		50 MoReg 1362	51 MoReg 367	
19 CSR 60-50.700	Missouri Health Facilities Review Committee		50 MoReg 1362	51 MoReg 367Wd	
19 CSR 60-50.800	Missouri Health Facilities Review Committee		50 MoReg 1363	51 MoReg 367	
19 CSR 100-1.060	Division of Cannabis Regulation		50 MoReg 1844		
19 CSR 100-1.190	Division of Cannabis Regulation		50 MoReg 1848		
DEPARTMENT OF COMMERCE AND INSURANCE					
20 CSR	Applied Behavior Analysis Maximum Benefit				51 MoReg 317
20 CSR	Construction Claims Binding Arbitration Cap				51 MoReg 317
20 CSR	Non-Economic Damages in Medical Malpractice Cap				51 MoReg 317
20 CSR	Sovereign Immunity Limits				51 MoReg 215
20 CSR	State Legal Expense Fund Cap				51 MoReg 317
20 CSR 100-8.040	Insurer Conduct		50 MoReg 1542	51 MoReg 368	
20 CSR 200-4.010	Insurance Solvency and Company Regulation		50 MoReg 1542	51 MoReg 368	
20 CSR 200-9.800	Insurance Solvency and Company Regulation		This Issue		
20 CSR 200-12.030	Insurance Solvency and Company Regulation		50 MoReg 1542R	51 MoReg 368R	
20 CSR 200-18.040	Insurance Solvency and Company Regulation		51 MoReg 85		
20 CSR 500-4.300	Property and Casualty		51 MoReg 85		
20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects		51 MoReg 403		
20 CSR 2030-13.010	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects		51 MoReg 406		
20 CSR 2063-1.015	Behavior Analyst Advisory Board		This Issue		
20 CSR 2063-2.005	Behavior Analyst Advisory Board		This Issue		
20 CSR 2070-2.080	State Board of Chiropractic Examiners		51 MoReg 85		
20 CSR 2110-2.120	Missouri Dental Board		51 MoReg 406		
20 CSR 2110-2.130	Missouri Dental Board		51 MoReg 406		
20 CSR 2117-2.080	Office of Statewide Electrical Contractors		50 MoReg 1849R	This IssueR	
20 CSR 2120-1.040	State Board of Embalmers and Funeral Directors		51 MoReg 198		
20 CSR 2120-2.010	State Board of Embalmers and Funeral Directors		51 MoReg 200R		
			51 MoReg 200		
20 CSR 2120-2.021	State Board of Embalmers and Funeral Directors		51 MoReg 204		
20 CSR 2120-2.031	State Board of Embalmers and Funeral Directors		51 MoReg 204		
20 CSR 2120-2.040	State Board of Embalmers and Funeral Directors		51 MoReg 204		
20 CSR 2120-2.060	State Board of Embalmers and Funeral Directors		51 MoReg 205R		
			51 MoReg 206		
20 CSR 2120-2.120	State Board of Embalmers and Funeral Directors		51 MoReg 210		
20 CSR 2120-2.130	State Board of Embalmers and Funeral Directors		51 MoReg 210		
20 CSR 2120-3.105	State Board of Embalmers and Funeral Directors		51 MoReg 210		
20 CSR 2120-3.405	State Board of Embalmers and Funeral Directors		51 MoReg 211		
20 CSR 2120-3.505	State Board of Embalmers and Funeral Directors		51 MoReg 211		
20 CSR 2145-1.040	Missouri Board of Geologist Registration		This Issue		
20 CSR 2150-2.125	State Board of Registration for the Healing Arts		50 MoReg 1849		
20 CSR 2205-1.050	Missouri Board of Occupational Therapy		This Issue		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
20 CSR 2220-2.197	State Board of Pharmacy		This Issue		
20 CSR 2220-2.200	State Board of Pharmacy		51 MoReg 86		
20 CSR 2220-2.500	State Board of Pharmacy		51 MoReg 114		
20 CSR 2232-1.040	Missouri State Committee of Interpreters		This Issue		
20 CSR 2233-2.010	State Committee of Martial and Family Therapists		51 MoReg 310		
20 CSR 2233-2.020	State Committee of Martial and Family Therapists		51 MoReg 310		
20 CSR 2233-2.021	State Committee of Martial and Family Therapists		51 MoReg 311		
20 CSR 2233-2.040	State Committee of Martial and Family Therapists		51 MoReg 311		
20 CSR 2234-3.040	Board of Private Investigator and Private Fire Investigator Examiners		51 MoReg 354		
20 CSR 2235-1.020	State Committee of Psychologists		This Issue		
20 CSR 2245-3.005	Real Estate Appraisers		50 MoReg 1763	51 MoReg 415	
20 CSR 2245-8.010	Real Estate Appraisers		50 MoReg 1679	51 MoReg 368	
20 CSR 2245-8.030	Real Estate Appraisers		50 MoReg 1680	51 MoReg 369	
20 CSR 2263-2.030	Real Estate Appraisers		51 MoReg 354		
20 CSR 2263-2.082	Real Estate Appraisers		51 MoReg 355		
20 CSR 4240-10.035	Public Service Commission		50 MoReg 1370	51 MoReg 415	
20 CSR 4240-10.165	Public Service Commission		50 MoReg 1376	51 MoReg 418	
20 CSR 4240-10.195	Public Service Commission		50 MoReg 1765		
20 CSR 4240-13.055	Public Service Commission		50 MoReg 1376	51 MoReg 213	
20 CSR 4240-23.040	Public Service Commission		51 MoReg 312		
MISSOURI CONSOLIDATED HEALTH CARE PLAN					
22 CSR 10-2.053	Health Care Plan	50 MoReg 1801	50 MoReg 1850	This Issue	
22 CSR 10-2.075	Health Care Plan	50 MoReg 1802	50 MoReg 1850	This Issue	
22 CSR 10-2.089	Health Care Plan	50 MoReg 1804	50 MoReg 1852	This Issue	
22 CSR 10-2.090	Health Care Plan	50 MoReg 1804	50 MoReg 1853	This Issue	
22 CSR 10-3.055	Health Care Plan	50 MoReg 1806	50 MoReg 1854	This Issue	
22 CSR 10-3.075	Health Care Plan	50 MoReg 1807	50 MoReg 1854	This Issue	
22 CSR 10-3.090	Health Care Plan	50 MoReg 1809	50 MoReg 1856	This Issue	
MISSOURI DEPARTMENT OF THE NATIONAL GUARD					
23 CSR 10-3.015	National Guard		50 MoReg 1767	This Issue	

AGENCY	PUBLICATION	EFFECTIVE	EXPIRATION
Department of Agriculture			
2 CSR 30-10.010	Inspection of Meat and Poultry.....51 MoReg 187.....	Jan. 8, 2026.....	July 6, 2026
Department of Public Safety			
Division of Alcohol and Tobacco Control			
11 CSR 70-2.100	Report of Brewers, Beer Manufacturers, Solicitors, and Beer Wholesalers.....51 MoReg 5.....	Dec. 5, 2025.....	June 2, 2026
Department of Revenue			
Director of Revenue			
12 CSR 10-26.230	Dealer Administrative Fees and System Modernization .51 MoReg 393.....	Feb. 20, 2026.....	Aug. 18, 2026
12 CSR 10-26.231	Maximum Dealer Administrative Fees.....51 MoReg 394.....	Feb. 20, 2026.....	Aug. 18, 2026
12 CSR 10-41.010	Annual Adjusted Rate of Interest.....50 MoReg 1743.....	Jan 1, 2026.....	June 29, 2026
Department of Social Services			
Children's Division			
13 CSR 35-24.080	Children's Income Disbursement System (KIDS).....50 MoReg 1619.....	Oct. 23, 2025.....	April 20, 2026
13 CSR 35-60.010	Family Homes Offering Foster Care.....50 MoReg 1619.....	Oct. 23, 2025.....	April 20, 2026
MO HealthNet Division			
113 CSR 70-15.070	Inpatient Psychiatric Services for Individuals Under Age Twenty-One.....51 MoReg 187.....	Dec. 31, 2025.....	June 28, 2026
Department of Health and Senior Services			
Division of Regulation and Licensure			
19 CSR 30-1.002	Schedules of Controlled Substances.....50 MoReg 1620.....	Oct. 29, 2025.....	April 26, 2026
Missouri Consolidated Health Care Plan			
Health Care Plan			
22 CSR 10-2.053	Health Savings Account Plan Benefit Provisions and Covered Charges.....50 MoReg 1801.....	Jan. 1, 2026.....	June 29, 2026
22 CSR 10-2.075	Review and Appeals Procedure.....50 MoReg 1802.....	Jan. 1, 2026.....	June 29, 2026
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members.....50 MoReg 1804.....	Jan. 1, 2026.....	June 29, 2026
22 CSR 10-2.090	Pharmacy Benefit Summary.....50 MoReg 1804.....	Jan. 1, 2026.....	June 29, 2026
22 CSR 10-3.055	Health Savings Account Plan Benefit Provisions and Covered Charges.....50 MoReg 1806.....	Jan. 1, 2026.....	June 29, 2026
22 CSR 10-3.075	Review and Appeals Procedure.....50 MoReg 1807.....	Jan. 1, 2026.....	June 29, 2026
22 CSR 10-3.090	Pharmacy Benefit Summary.....50 MoReg 1809.....	Jan. 1, 2026.....	June 29, 2026

EXECUTIVE ORDERS

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
2026			
26-08	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated in response to the ongoing and forecasted severe storm systems	March 6, 2026	Next Issue
26-07	Extends Executive Order 26-06 until March 31, 2026	February 27, 2026	This Issue
26-06	Extends Executive Order 25-38 until February 28, 2026	January 30, 2026	51 MoReg 342
26-05	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated. The Adjutant General is ordered to call into active service any state militia deemed necessary to support civilian authorities in response to the ongoing and forecasted severe winter storm systems	January 22, 2026	51 MoReg 341
26-04	Establishes the Missouri Advanced Nuclear Energy Task Force	January 13, 2026	51 MoReg 298
26-03	Formalizes the Missouri Government Responsibility, Efficiency, Accountability and Transformation (Missouri GREAT) initiative and creates the Missouri GREAT Operational Task Force	January 13, 2026	51 MoReg 295
26-02	Orders a strategic framework for the integration of Artificial Intelligence within state government operations to be developed; the Director of the Department of Economic Development to review current business environment for Artificial Intelligence; the Director of the Natural Resources with the Public Service Commission to review energy regulations and infrastructure; and the Commissioner of the Department of Higher Education and Workforce Development in collaboration with the Department of Economic Development to undertake initiatives to prepare Missouri's workforce and education systems for the AI-driven economy	January 13, 2026	51 MoReg 293
26-01	Establishes an A-F school grade card system	January 13, 2026	51 MoReg 291
2025			
25-38	Extends Executive Order 25-31 until January 31, 2026	December 31, 2025	51 MoReg 190
25-37	Orders state offices to be closed on Wednesday, December 24, 2025	December 19, 2025	51 MoReg 189
25-36	Declares a State of Emergency and exempts hours of service requirements for vehicles transporting residential heating fuels until January 2, 2026	December 15, 2025	51 MoReg 59
25-35	Orders state offices to be closed on Friday, December 26, 2025	December 5, 2025	50 MoReg 1813
25-34	Extends Executive Order 25-29 and directs 21 additional counties declared in Drought Alert until April 1, 2026	November 26, 2025	51 MoReg 6
25-33	Orders state offices to be closed on Friday, November 28, 2025	November 7, 2025	50 MoReg 1812
25-32	Reinstates with revisions the "Missouri Manual for Courts-Martial, 2025."	November 7, 2025	50 MoReg 1811
25-31	Extends Executive Order 25-28 until December 31, 2025	October 29, 2025	50 MoReg 1745
25-30	Orders the Director of the Missouri Department of Social Services to prepare and submit a request for a waiver to the United States Department of Agriculture to authorize alterations to Missouri's SNAP program in a manner that prioritizes healthy food and nutritional value	September 28, 2025	50 MoReg 1531
25-29	Declares a Drought Alert in several Missouri counties, directs the Director of the Department of Natural Resources to promote the use of Condition Monitoring Observer Reports, and directs all state agencies to provide assistance to affected communities	September 22, 2025	50 MoReg 1530
25-28	Extends portions of Executive Order 25-27 until October 31, 2025	August 28, 2025	50 MoReg 1317

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25-27	Extends Executive Orders 25-23 and 25-24 until August 31, 2025	June 30, 2025	50 MoReg 1075
25-26	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	June 24, 2025	50 MoReg 1073
25-25	Declares a State of Emergency and orders the Adjutant General to call into active service any state militia deemed necessary to support civilian authorities due to civil unrest in Missouri	June 12, 2025	50 MoReg 987
Proclamation	Convenes the First Extraordinary Session of the First Regular Session of the One Hundred Third General Assembly to appropriate money to specific areas as well as enact legislation regarding income tax deductions, the Missouri Housing Trust Fund, tax credits, and economic incentives	May 27, 2025	50 MoReg 888
25-24	Orders the Director of the Missouri Department of Health and Senior Services and the State Board of Pharmacy vested with full discretionary authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	May 20, 2025	50 MoReg 887
25-23	Extends Executive Orders 25-20 and 25-22 until June 30, 2025	May 13, 2025	50 MoReg 769
25-22	Extends Executive Orders 25-19, 25-20, and 25-21 until May 14, 2025	April 14, 2025	50 MoReg 690
25-21	Directs the Adjutant General to call into active service any state militia deemed necessary to support civilian authorities due to the severe weather beginning April 1, 2025	April 2, 2025	50 MoReg 689
25-20	Orders that the Director of the Missouri Department of Natural Resources is vested with authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	March 20, 2025	50 MoReg 567
25-19	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems beginning on March 14	March 14, 2025	50 MoReg 531
25-18	Orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives	February 18, 2025	50 MoReg 413
25-17	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until March 10, 2025	February 10, 2025	50 MoReg 411
25-16	Establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education and Workforce Development, to improve existing career and technical education delivery systems	January 28, 2025	50 MoReg 361
25-15	Orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes	January 28, 2025	50 MoReg 360
25-14	Establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education	January 28, 2025	50 MoReg 358
25-13	Orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies	January 23, 2025	50 MoReg 356

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25-12	Establishes a Code of Conduct for all employees of the Office of the Governor	January 23, 2025	50 MoReg 354
25-11	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	January 23, 2025	50 MoReg 352
25-10	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025	January 17, 2025	50 MoReg 350
25-09	Directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours	January 15, 2025	50 MoReg 290
25-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025	January 13, 2025	50 MoReg 288
25-07	Orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process	January 13, 2025	50 MoReg 287
25-06	Orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service	January 13, 2025	50 MoReg 286
25-05	Directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state	January 13, 2025	50 MoReg 285
25-04	Directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement	January 13, 2025	50 MoReg 284
25-03	Establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community	January 13, 2025	50 MoReg 282
25-02	Establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative	January 13, 2025	50 MoReg 281
25-01	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025	January 3, 2025	50 MoReg 279

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